

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

It is with some hesitancy and great regret that the *Journal* must at last give way to the general trend and raise its subscription rates. The rise is in keeping with the increased cost of producing the *Journal*, which includes printing and postage as well as many other very costly items. It had been hoped in the past that the determined drive by the Manager and his assistant to increase both our advertising and our subscription list would offset the rising costs and enable us to carry on at the old rates. This unfortunately has not proved financially practical.

It should be well understood that the *Journal* is entirely self-supporting, receiving no financial aid whatsoever from any source and has for the last few years eked out a precarious existence only just above the bread-line. The *Journal* and only one other society—the Catholic Society—survive without a grant from the Students' Union, and yet the *Journal* presents to the Students Union about 500 copies a month free, gratis and for nothing.

It may well be that in future the *Journal* may have to ask the Students' Union for a definite contribution towards the finances instead of the present somewhat tenuous arrangement for them to cover our losses if and when they occur.

Next year promises to bring an extra load on to our financial backs since the cost of printing is to go up by an estimated $7\frac{1}{2}$ per cent., which is, in hard materialistic terms, about £150, the cost of postage has already doubled and now costs an extra £90. This means that a further £250 has to be found

to break even, all other factors remaining equal. The probability is that all the other factors will not remain equal and so more will have to be found.

In an effort to meet the increased costs the *Journal* Committee considered three definite possibilities, and it was decided to investigate them all thoroughly. The first possibility was to increase our advertising no matter how, and this the Manager has in hand. The position of the advertising in the *Journal* has become more and more grave, and this constitutes an important part of our income. It is possible in the very near future that a Government which is disinclined to any form of private enterprise and which openly declares itself to be antagonistic to advertising on the part of private firms, will be returned to power and our advertising will disappear. Hence we must insure against being left completely without means of survival.

The second possibility was as indicated above—an approach to the Students' Union for an annual grant.

The question of students paying individually was discussed, and dismissed, since every student still at Bart's has a moral obligation to read the *Journal* and they should not be given the opportunity to contract out of this obligation.

The third possibility was to raise the subscription rate for all new subscribers and also to charge more for individual copies sold. This was reluctantly decided to be an unavoidable step, and the new annual Subscription is to be £1 5s. to old Bart's men.

Unless the *Journal* can pay its way it may become inevitable that we shall have to change our whole attitude to its production and introduce austerity and stark realism to the only thing which can link the past, the present and the future with bonds more reliable than memories and more flexible than tradition.

The late Mr. E. A. Garwood

The student body as a whole has suffered a great loss with the death of Mr. Garwood. Mr. Garwood had been the mainstay of the Men's cloakroom for many years past and had been a most reliable helper in any social function, both by printing the posters and by distributing the tickets.

An appreciation of Mr. Garwood will be published in the March *Journal* meanwhile the whole of Bart's sympathises with his family and shares their sorrow at their great loss.

The Grosvenor

Once again about 400 couples took the floor at the annual nurses' dance at Grosvenor House on the 8th January of this year. Unfortunately Matron herself, the hostess for the evening, was still ill after her somewhat protracted illness and Miss Turnock received the guests in her place.

As ever, the night nurses disappeared from the festivities at one o'clock and the remaining half hour soon disappeared.

The Grosvenor has become an institution which is discussed by the hospital at large for six months of the year and eagerly awaited for the other six, a hospital equivalent of Ascot, or perhaps more appropriately, of Newmarket.

The Chef's Special

The recent implementation of the promised quantity before quality regime in the

Hospital Refectory has proved a somewhat disappointing experiment since the emphasis seems to have been on the sacrifice of quality without any noticeable increase in quantity. Also with the introduction of this Morris menu several strange attitudes of mind have emerged from behind the counter. In one particular case the menu advertised a sweet described as "Jam Roll" which on investigation after purchase proved to be all roll and no jam. When this was pointed out to the proper authority, who was taken to be the lady who supervises the counterhands, she took the view that buying a lunch at Bart's was like a lucky dip, one took what one got!

These two ladies who guard the portions so vigilantly could surely be more sensibly employed serving their meagre portions out thereby saving two other workers' salaries and perhaps enabling the jam to be afforded for the "Chef's special Jam Roll."

A new subway

Anyone who tried to get out of the Little Britain Gate in the last few weeks will have found their way barred by an enormous burrowing operation being conducted by a fairly typical gang of British workmen. This is the beginning of the underground passage linking the main block with the East Wing and the new L-shaped block. There has already been constructed a tunnel beneath Little Britain and this new tunnel will connect with this, the work is expected to take several months. At the moment there is a maze of subterranean passages linking R.S.Q., Surgery, and the Main block and this new extension will enable the whole hospital to be reached without even going into the open. Quite a consideration on wet or snowy days.

'Patience'

Following the quite outstanding success of "The Gondoliers" last year, the Gilbert and Sullivan Society is presenting "Patience" at Gresham Hall on March 7th.

Attempts to find and book a suitable theatre for a stage performance have not proved fruitful, and so for the present their activity is to be confined to concert perform-

ances. These have, in fact, many advantages. They are convenient and relatively inexpensive; they can be rehearsed and performed in four or five weeks; and there are far fewer barriers to accurate and controlled singing.

We understand that the chorus is large and good, and that the orchestra excellent. Vic Major will be the narrator and with John Creightmore and George Hobday singing the two important parts of Bunthorne and Grosvenor, Sheila Heap as Patience, and a very good supporting cast, their performance may even surpass the very high standard set last year.

Admission is by programme, and these can be obtained from the cloakroom or from the Nurses Home. It starts at half-past eight, and those who went last year will agree that this will be an evening well spent.

View Day Ball

The Students' Union has now decided in view of the possible damage to the lawn at College Hall to hold the View Day Ball at the Park Lane Hotel on the 9th May, 1958.

Royal College of Physicians

Elected Censor—Dr. E. R. Cullinan.

Royal College of Surgeons of England

Sir Archibald McIndoe appointed Bradshaw Lecturer for 1958.

Mr. Norman Carpenter appointed Robert Jones Lecturer for 1958.

Baly Medal for 1957

Awarded to Prof. E. B. Verney.

Harveian Orator

Sir Geoffrey Keynes.

University of Cambridge

Dr. H. Lehmann, D.Sc.

NOTICES

Change of Address

MRS. HELEN HOPWOOD, St. Monica's Guest House, Sutton Road, Seaford, Sussex.

DR. M. E. PLUMB, R.S.Q., St. Helier Hospital, Carshalton, Surrey.

ANNOUNCEMENTS

Engagements

BONNER-MORGAN — BARNARD.—The engagement is announced between Robin Peter Bonner - Morgan and Barbara Mary Barnard.

CHALSTREY — BAYES.—The engagement is announced between Leonard John Chalstrey and Aileen Beatrice Bayes.

Births

WHITTINGDALE — NAPIER.—On December 30th, John Whittingdale to Margaret Esme Scott Napier.

CASSELLS.—On November 29th, to Irene, wife of Dr. J. M. Cassells, a daughter.

CRONK.—On December 16th, to Elizabeth, wife of Dr. P. G. Cronk, a son (Simon Gregson).

GALBRAITH.—On December 29th, to Joan, wife of H.-J. B. Galbraith, a sister (Kirstie) for Mary Anne and Janet.

GIBB.—On November 24th, to Mary, wife of Dr. W. E. Gibb, a son.

THORNE.—On December 4th, to Pamela, wife of Dr. Napier Thorne, a sister for Susan.

Deaths

ANDERSON.—On November 28th, at Calcutta, Lt.-Col. Frederick James Anderson, I.M.S. (Retd.), aged 71. Qualified 1911.

BEDFORD RUSSELL.—On December 30th, Harold George Bedford Russell, aged 71. Qualified 1911.

DUNHILL.—On December 22nd, Sir Thomas Dunhill, Assistant Director, Surgical Unit, 1920-1931. Associate Surgeon, 1931-35. Aged 81.

JAY.—On December 19th, Maurice Bernard Jay. Qualified 1922.

KRAMER.—On December 12th, Nathan Kramer. Qualified 1929.

NAPIER.—On December 15th, Lionel Everard Napier, aged 69. Qualified 1914.

TRUEMAN.—On December 25th, Raymond Shaw Trueman, aged 54. Qualified 1933.

CALENDAR

Sat. 8th.—Medical and Surgical Units on duty.
Anaesthetist : Mr. G. H. Ellis.
Hockey : v. St. George's Hospital **H.**

Wed. 12th.—Soccer : v. Charing Cross and Royal Dental Hospital (L) **H.**

Sat. 15th.—Dr. G. Bourne and Mr. J. B. Hume on duty.
Anaesthetist : Mr. F. T. Evans.
Soccer : v. Normandy Company, Sandhurst. **A.**
Hockey : v. University College **H.**

Wed. 19th.—Soccer : v. St. Mary's Hospital **H.**

Sat. 22nd.—Dr. A. W. Spence and Mr. Naunton Morgan on duty.

Anaesthetist : Mr. R. A. Bowen.

Soccer : v. Caledonians **H.**

Hockey : v. Orpington **A.**

Wed. 26th.—on duty.
Anaesthetist : Mr. R. W. Ballantine.
Hockey : v. St. Mary's Hospital **A.**
Soccer : v. Trinity College, Cambs. **A.**

Sat. 1st.—Dr. R. Bodley Scott and Mr. R. Corbett

A BART'S SUCCESS



The Department of Medical Photography of St. Bartholomew's Hospital was successful in winning the award for the best colour

print at the Exhibition of Medical Photography held by the Medical Group of the Royal Photography Society.

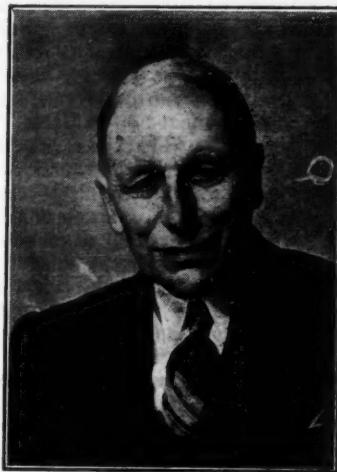
SIR THOMAS DUNHILL

Sir Thomas Dunhill named his Hampstead home TRAGOWEL after his birthplace in Australia, and there he died on Sunday, December 22nd, 1957, a few days after his 81st birthday. He had been in failing health for a long time, and it is unfortunate that because he found visits to town so much of a strain he very rarely came to the Hospital, and therefore his characteristic smile of recognition, his slightly stooping figure, and his alert enquiring and attentive mind, are unfamiliar to the present generation of Bart's men. He retired from the active staff and was made Consulting Surgeon in 1935, and although he returned from time to time to operate in his own theatre until the beginning of the War, it is nearly twenty years since he came at all frequently to the Hospital, and there have been great changes in its population during that period. His own close attachment to St. Bartholomew's was maintained till the end, and his criticisms and comments on what he read about current events in the *Journal* and in the Minutes of the Medical Council showed how anxious he was for the well-being of the Hospital.

He had had a distinguished career as a student in Melbourne, and his pioneer work on the surgery of toxic goitre had won him fame which had spread far beyond his native land long before he left home to go to France in 1914. By the end of the War he was one of the Consultant Surgeons to the British Expeditionary Force, and his outstanding military service was rewarded by the C.M.G. in 1919. Yet his first appearance at the Hospital was characteristically unobtrusive. One Saturday afternoon in 1920 Sister Stanley before going off duty warned her Blue Belt that later on a short, rather shy man might put his head round the door; and so when just this very thing happened she greeted him with "Mr. Dunhill, Sir?"—to which he replied "Yes, Nurse, may I go round your ward?" They shook hands, he accepted her welcome and the new prefix to his name, and his work at St. Bartholomew's had started.

In spite of his natural talent and his great achievements in surgery he was never known to seek for himself either position or prestige—on the contrary he showed more than once his willingness to accept a status lower than

that to which he was entitled. He was 43 years of age when he left Melbourne, and considering his reputation he might quite justifiably have asked for the rank of full surgeon as a condition of his accepting the



invitation to join the Staff. He was content, however, to accept the position of Assistant Director of the Surgical Professorial Unit, and the Hospital owes him a deep debt of gratitude for his generous and unselfish decision which brought incalculable benefit to the practice of surgery in the Hospital, and to the training of the large number of young surgeons and future general practitioners who came under his influence.

Professor George Cask and his Assistant Director were almost of the same age, and so in order to avoid the disorganization which would be occasioned by their simultaneous retirement in 1935 they agreed, again thanks to Dunhill's unselfishness, that he should vacate his position in 1931 and assume the title of Associate Surgeon to the Surgical Unit so that another Assistant Director could be appointed. It thus came about that Sir Thomas was never full surgeon to St. Bartholomew's, and it was only when he was appointed Consulting Surgeon that he was accorded a rank which did him justice. To an outsider this would appear strange treatment of a great surgeon, yet those who knew Sir Thomas well realized he was speaking quite truthfully when he said, as he frequently did, that he loved Bart's and that he owed a lot to the hospital.

It is beyond all shadow of doubt that Bart's owed a lot to him. The Physicians were glad to be able to rely upon him for help not only with goitres but with all manner of medical complaints for which surgery might be required. But the Surgeons also called him into consultation for his clinical acumen and his wise judgment as well as for his surgical skill. The younger men were eager to learn from him both craftsmanship and the management of patients. The patients themselves trusted him completely, for every one of them felt that he or she was individually of supreme importance to him. This intimate personal relationship he established with patients of all classes; the anxiety of a difficult case cost him his peace of mind and his sleep, but he never rested till either the patient was out of danger or he had lost the fight, and only then would he relax.

He formed the most delightful friendly contacts with students also, taking a pride in knowing their names and something about everybody on the firm and in the Out-Patient Class. Although he devoted a great deal of thought to medical education, and was at endless pains to prepare his material, he was never fond of teaching, and anything like a formal lecture or demonstration he dreaded. Men learned from him by watching him at work, and the tiny "temporary" theatre in which he operated on Thursday afternoons was usually overcrowded with visitors from near and far who always received a warm welcome, but also risked a sharp rebuke if they stood around, as surgeons so often do, with their hands in their pockets, their gowns wide open at the back, and (worst of all) talking in a corner while he was intent on some difficult job.

His large private practice came from many sources, through Australian friends, and from several of the well known Consultant Physicians some of whom he had known before he came to practise here. His first thyroidectomy for Graves's disease in London was done in 1915 on a very ill patient under the

care of Sir Hector Mackenzie, and she is alive and well today. He operated on many of Lord Dawson's patients and it was through this association that Dunhill was appointed to the Royal Household, a privilege which he valued above all others.

It was of the first importance to him that everything he did should be done correctly, not only in surgery but in everything else as well. He was fond of fishing and shooting, but he went to schools to find out from experts all there was to be known about the right way to handle a rod and a gun. The same attention to detail was to be noticed in his everyday behaviour, in his dress, in his gardening of which he was extremely fond and in which he was an expert, and throughout his home—the furniture, the pictures, and the food and wine at his table—particularly in the little courtesies which meant so much to him.

It was a pity that this anxiety to achieve perfection in his environment tended to make his latter days unnecessarily lonely. When he moved from Harley Street to the edge of Hampstead Heath he couldn't bear to let his friends visit him till the house and garden, which had to be greatly altered to please him, had been made presentable. By this time he was beginning to find entertaining a severe physical and mental strain, and thus, although he enjoyed the selfless devotion of his own household, he lacked the companionship and the conversation of many of his friends who would have been happy to call when they were in his neighbourhood but hesitated to do so lest their unexpected appearance might upset him.

At Bart's we honour the memory of a great surgeon whose influence upon the work of the Hospital will long outlive him. Those of us who knew him intimately realize that we have lost a wise counsellor and a true friend whose words and whose actions will be recalled day by day as we continue to practise what we learned from him.

J.P.R.

A REMINISCENCE

Rather more than 30 years ago (it was in 1926 to be precise) I was at the extreme end of what was otherwise a very distinguished tail; in fact I was the third assistant in the

surgical professorial unit. How distinguished the rest of that tail was can be appreciated by the fact that the second assistant was Jim Ross, the first assistant

was Geoffrey Keynes, the assistant director was Thomas Dunhill and at the head was the professor and very benevolent dictator, George Gask. To have used any of these Christian names would have been highly irreverent and quite definitely frowned upon. My job involved clinical work and research. Amongst my clinical duties was to organise an out-patient fracture clinic, which we believed at the time was the first in London. The idea of a fracture surgeon, or any other kind of departmental surgeon, was not then held very highly by the Professor nor for that matter, by any other general surgeon at Bart's. Nevertheless the need to improve the treatment and after care of fractures was recognised, and it was decided that I should be sent to Amsterdam to learn what I could from that Anglophile, and great gentleman, Professor Noordenbos, whose reputation stood high in these matters.

I have always thought that Thomas Dunhill was the guiding spirit in that enterprise, for after I had been two weeks in Holland he persuaded Geoffrey Keynes to accompany him to the continent to see how the young man was getting on and to take him out for a day at the Hague. What a memorable day it was. I met them at the railway station after their overnight journey from Harwich and we spent the morning in the operating theatres of a famous gastrectomist. Unfortunately for us we did not see what would then have been somewhat of a surgical treat: the perfect gastrectomy. What was never to be forgotten was the little byplay between Thomas Dunhill and the surgeon who, having removed a gall bladder the only offence of which was to have been associated with some "periduodenite", was only persuaded from immediately closing up by Dunhill's insistent "Just to please me, won't you look at his appendix?" a plea that after much banter was allowed to reveal a very nice example of chronic appendicitis. This was followed by other operations of great variety in an atmosphere of aesthetic charm; an operating theatre of pastel shades and the rhythm of a string quartette.

The whole morning was an object lesson of technical showmanship of the first order and of courteous observation and discussion by a man of equal brilliance and greater clinical judgment. Gone from my mind is the name of the hotel at which we lunched;

for years I kept the menu until Hitler destroyed it in 1942, but I shall never forget the Chambertin which the three of us drank: a nectar to tired bodies but a warming solvent of senior dignity and of a young man's trepidation. Neither can I remember exactly what we talked about; the "blushing stomach" we had done with before lunch. Thomas Campion, William Blake and Jan Vermeer are names I associate with Geoffrey Keynes at that time. I had had a connection with the Temple Church; and Campion, poet, musician and doctor, had practised his arts somewhere near it in Fleet Street but whether he was a Bart's man I never knew. At the Hague that day I have little doubt that we all thought of his:

"Tune thy music to thy heart
Sing thy joy with thanks and so thy
sorrow

Though devotion needs not art
Sometimes of the poor the rich may
borrow."

Of William Blake I could only have spoken to Keynes with bated breath for already he was as well known for his erudition on that subject as he was becoming known in surgery. I would only have been able to recite "To Mercy, Pity, Peace and Love" and that was scarcely more appropriate to the occasion than "Little Lamb who made thee." Certainly about Jan Vermeer and Rembrandt I was to learn much from the arguments of Dunhill and Keynes that afternoon as we went round the Mauritshuis. It was Dunhill who pointed out the erased figures in the foreground of the "View of Delft" and the anatomical errors of Rembrandt's "Anatomy Lesson." Whether Keynes ever did write the book on Vermeer that he planned then, I do not know. The intention was to have one with reproductions of every one of Vermeer's known paintings (not a great number as is well known). I believe Keynes was overtaken in this enterprise by Thomas Bodkin: otherwise the sad story of the "Supper at Emmaus" might have been different. He will doubtless smile at this but I have felt that Keynes' donnishness was finely mellowed by Dunhill's gentle wit and forthright clarity and perception. Some of us (including J.P.R.), who were surgical assistants at that time, formed a club which was dedicated with no false modesty to "The enquiring mind"; a quality so well found in the character of Tom Dunhill whose passing one has heard of with such sadness.

SIR ERNEST KENNAWAY

Although not a Bart's man, Sir Ernest Kennaway has been a familiar figure in the hospital for the past ten years. After his retirement from the chair of Experimental Pathology and Directorship of the Research Institute at the Cancer Hospital in 1946, he was invited to continue his work here, and occupied the laboratory used before the war by the late Dr. Mervyn Gordon on the top floor of the Pathology Department. Here he worked with great determination despite his physical disabilities and several periods of illness until a short time before his death in Stanmore ward on January 1st.

Sir Ernest Laurence Kennaway, D.M., D.Sc., F.R.S., F.R.C.P., was born in 1881 of a well-known Devonshire family, and received his medical education at Oxford and the Middlesex Hospital. From an early stage in his subsequent career the whole of his life was devoted to cancer research, and he achieved world-wide fame as the leader of a group of workers including Cook, Hieger and Mayneord, who in 1932 identified the carcinogenic substances in tar, and produced experimental tumours with synthetic compounds of this nature. This was perhaps the most important discovery ever made in this field, and many subsequent advances have been based on it.

His study of chemical carcinogenesis continued until the end of his life, and his work at Bart's was concerned largely with the detection of carcinogenic substances in smoke. It was he who directed attention to the presence of arsenic (as a residue of a spray used during cultivation) in tobacco. He examined the solid matter in the air of the City for carcinogenic hydrocarbons. Recently he had been investigating the possibility that the high incidence of gastric carcinoma in Iceland (a country which he visited not long ago) may be connected with the heavy consumption of smoked meat and fish; a very peculiar and not altogether agreeable smell emanating recently from his laboratory was that of Icelandic smoked fish undergoing extraction. With Lady Kennaway, who was his constant helper in all but actual bench work, he also pursued his studies of the epidemiology of cancer. He would not have regarded any account of himself as complete which did not include a reference to his militant rationalism: he lost no opportunity even

in the columns of this journal for scathing comments on matters connected with revealed religion. We have lost a very distinguished guest, whom it will be to the Hospital's credit to have entertained during his latter years.

L.P.G.

H. G. BEDFORD RUSSELL

H. G. Bedford Russell, "B.R." to his colleagues at Bart's and elsewhere, died in Oxfordshire on December 30th, 1957, after a long and painful illness which he bore with characteristic bravery and fortitude. He continued to work to within a few weeks of his death.

Born in Australia in 1886, and educated at Geelong College, he came to England to study medicine at Sidney Sussex College, Cambridge, and St. Bartholomew's, where he remained to practice surgery and become a member of the staff of the Throat Department on the retirement of Mr. Harmer in 1928. He became head of the combined Ear, Nose, and Throat Department after the resignation of Mr. Sydney Scott in the early part of the last war, retired in 1947, but remained as an Emeritus Surgeon for a further five years. Qualifying in 1911, he served with distinction throughout the first World War and gained the F.R.C.S. after his return in 1919. He was mentioned in dispatches and gained the French Croix de Guerre. For some years after this he was on the staff of the Queens Hospital, Sidcup, working with Gillies and others on facial injuries. He then became a member of the staff of Golden Square Hospital. He was Secretary to the Section of Laryngology of the Royal Society of Medicine from 1932-34, under the presidency of another Bart's man, Musgrave Woodman, and was instrumental in getting both Dr. Ferris Smith, and later Arther Proetz, to visit this country and demonstrate their operations and treatment of nasal disease. He made the treatment of chronic nasal sinusitis his chief interest but while registrar to Mr. Harmer he gained great experience in the treatment of cancer of the upper respiratory tract by X-rays and radium and had much to do with the tabulation and analysis of the cases at St. Bartholomew's Hospital on which Harmer

founded his memorable Semon Lecture of 1931, on The Relative Value of Radio Therapy in the Treatment of Cancers of the Upper Air-Passages.

Socially B.R. was a cheerful, humorous and entertaining companion. Always a good athlete he made tennis one of his chief accomplishments but was also a first-class

ski-runner. He was keen on country pursuits and shooting, and later became a keen gardener.

He leaves a widow and two sons, one married, and it must have been a keen satisfaction to him to become a grandfather some six months before his death.

F. C. W.

THE CHRISTMAS SHOWS

Each year Christmas brings the usual festivities, but for those who have the mixed fortune to spend their Christmas at Bart's, it brings the ward shows. The trend at other Hospitals seems to be towards more streamlined shows organised by a hard core of talented experts with the exclusion of shows put on by individual firms. Recently rumour has it that even within the conservative fortifications of Bart's the tradition of ward shows is menaced. How sad it would be were we to give way to this modern conception that everything should be centralised. Whilst we are forced to confess that some Hospitals are able by this method to put on a show that is of a higher overall standard, it should be remembered that nearly one hundred students performed this year. If only one show was produced only a very small proportion of this number would have the opportunity to take part. Further, although the patients forced to spend Christmas with us are not, understandably, very demonstrative, they do enjoy and appreciate the students' efforts. Let us not tamper with tradition.

Passing on to the Pot Pourri one found, as one might expect under the circumstances that the gulf between the best and the worst was great. One sympathises with the committee faced with the difficult task of sifting each show and selecting the parts suitable for the Cripplegate audience. Congratulations are due to Trevor Robinson who miraculously glued the mass into a whole in one rehearsal, and to Colin Dale and his able lieutenants who worked in the wings. Nor should the marathon feat of skill performed no less than five times by Dr. Scowen and Bert Cambridge pass unmentioned. They

managed with the aid of grease paint and other mystic products to convert almost a hundred ragged medical students into characters as divergent as Tweedle Dum and King Arthur.

The Pot Pourri opened with the Dressers' production. If an "Oscar" is to be awarded for the cleverest title one need look no further. "You're in for Culture" would take the first prize for publicity too, by dint of a large banner suspended above the "colostomy." The script seems to have been a communal effort as does the production although there is a fair degree of agreement that Chris Craggs shouted the loudest. Mike Brown played the piano and the high-spots were three virile Shakespearian witches, and three hirsute debutantes energetically treating Sullivan in a manner designed to win an approving smile from Gilbert.

This was followed by "Malice in Wonderland" produced by the Midder and Gynae Clerks. The costumes and musical arrangement were very good indeed and Wendy Donaldson, abducted from her rightful year by fair means or foul, made a charming Alice. Brian Richards besides arranging the music also sang to his own guitar accompaniment despite a sore and skinless thumb.

The peaceful tones of the pseudo-R.L.S. gave way to the gentlemen of Kids and Specials, determined to live up to the title "Pantomonium." Ingenuity is limitless. One moment we were faced with John Owens labelled R. Crusoe (dressed more like an affable polar bear) and singing a dirge about his blighted nauseating island in the sun, to be followed by the first of several angry

young men in turn succeeded by George Wills as Simple Simon, who did not seem angry at all. Robin Bonner-Morgan was responsible for the production and Don Lane sang lustily as well as playing the piano.

Another contrast followed in the shape of the MOPS and SOPS contribution "Not my Pigeon." As the title suggests the producer remains anonymous, but Janice Swallow, Ian Hamilton and Ken Bowles admitted to writing some of the songs. The show seemed rather preoccupied with nurses but two Red Indians did appear for relief. Probationer Nurse Swallow offered a short recital on the desirability of large rugger forwards which should put the 1st XV pack on its toes and three "deb's delights" added a few more tears to the flood caused by the demise of the debs. Thus the interval arrived and a parched audience swept like a cloud of locusts to the bar. The first half was too long.

After the interval the finalists burst upon the stage with vigour, eminently hummable tunes and a considerable amount of skill. Two of Searle's St. Trinian horrors played by John Bench and Paul Johnston stopped the show each night, whilst the idea of dressing the whole cast, excluding the three charming ladies, in "quite unmentionable, well cut vegetable sacks" was brilliant. John Bench wrote nearly all the songs, Dave Rowlands played the piano and Arthur Tabor produced, what must have a very strong claim to be the best show this year.

The clerks found themselves uncomfortably sandwiched between the two best shows of the evening. Their theme did not stray far from the Hospital as the title "1123 and All That," will reveal to the perceptive. They painted a picture of dissolute nurses and dissipated students following hard in the footsteps of Rahere. The producer was Paul Cassell and Daphne Humphreys played the piano.

Finally to the "House." With three experienced entertainers of the calibre of Nancy Watts, John Creightmore and Des Mulcahy, excellent costumes and uninhibited performances from the whole cast this could hardly fail to be a success. We were not to be disappointed. "Deadly Knightshade" bubbled along full of witty songs well performed and surely a fine model for any aspiring young producer. It would be iniquitous to select any particular part for special mention but one feels bound to single out the strongly moving finale saying farewell to the senior members of the staff who are leaving us this year. David Stainsby once more proved his virtuosity at the piano and John Creightmore is to be congratulated on producing such a splendid show.

As always after the final performance the cast adjourned for their party, success being ensured by a toxic punch, and to prove that they do not know when they have had enough the songs were all sung again but of course in a less formal manner.

ABERNETHIAN SOCIETY

JANUARY, 1958

Committee

President:—J. HEDLEY-WHYTE

Secretary:—J. D. PARKES

Treasurer:—J. LLOYD-WILLIAMSON

Committee Members:—

J. PRICE, J. HAMILTON, M. BESSER

Ex-officio:—C. STEPHENSON

Pre-clinical Representative:—

Miss J. ANGELL JAMES

Meetings in February

Tuesday, February 4th:—"Liver damage and Personality Change," W. H. J. SUMMERSKILL, D.M., M.R.C.P.

Tuesday, February 11th:—Dr. E. F. SCOWEN, M.D., F.R.C.P.

Thursday, February 20th:—Clinico-Pathological Conference. Professor J. W. S. Blacklock in the Chair.

Students will present their analysis of cases.

SMOG

by R. E. WALLER

The study of atmospheric pollution at St. Bartholomew's Hospital is by no means an innovation. As long ago as 1881 W. J. Russell, who was Lecturer on Chemistry, began a study of this subject on behalf of the Meteorological Council.¹ He designed his own apparatus and during the years 1883-1885 he made a number of experiments to determine the extent of atmospheric pollution at the hospital, St. John's Wood, and Hackney. Seventy years later the subject was again taken up here, this time on behalf of the Medical Research Council. Many factors had changed in the interval. Cars and buses were polluting the streets instead of horses, and new fuels such as oil, gas, and electricity had come into use for heating purposes, but the problem remained of similar magnitude. Despite the alleged passing of the London "pea-souper" we were strongly reminded of the harmful and even lethal effects of atmospheric pollution in the smog episode of December, 1952. In the 1880's coal fires were undoubtedly the largest source of atmospheric pollution in London, and they still are today, at least as far as black smoke is concerned. Great advances have been made in large scale heating and power installations and in all modern buildings these operate smokelessly, but relatively little change has taken place in small scale domestic heating. The advantages gained by the disappearance of coal fires in all but the living rooms of most homes have been offset by the increased number of houses built in and around London.

The differences between town and country fog are not generally appreciated. Country fogs consist simply of a suspension of water droplets in the air. On clear winter nights the ground cools rapidly by radiation, and the temperature in the lower atmosphere may fall sufficiently for water to condense out. In some conditions it does so in the form of droplets which are small enough to stay in suspension as fog. Each droplet forms round a minute nucleus of hygroscopic material, such as common salt. These nuclei are very numerous, and although many of them originate from the sea, they are to be found far inland. Droplets of this kind

scatter light, therefore the fog appears white and it is difficult to see objects clearly through it. The formation of this type of fog depends on the existence of certain atmospheric conditions rather than on the presence of particular numbers of nuclei. Amongst other things, the wind must remain low for fog to persist.

Wet fogs occur in towns too; in heavily built up areas however the temperature is generally a little higher than in open country and often when there is fog in rural areas it may be absent in adjacent towns. Wet fog is in fact rare in Central London where the night temperature is often several degrees higher than in outlying districts, and in the City it has only persisted into daylight hours on three or four occasions during the past three years.

The haze, so often called "fog," which shrouds London on winter evenings is merely an accumulation of smoke and other pollutants, and its occurrence is unrelated to the formation of wet fog. Similar meteorological conditions are required for the accumulation of smoke as for the formation of fog, but the timing is different. Whenever the wind speed becomes negligible in London during the winter, smoke accumulates, but the maximum concentrations reached are related to the rate of emission of smoke. This is highest in the early morning and in the evening when coal fires are being freshly lit. Any smoke "fog" which collects under these conditions tends to disperse after midnight when fires die out. Wet fog is most likely to form in the middle of the night when temperatures fall to minimum values. In urban areas this may lead to periods of smoke "fog" during the daytime alternating with periods of wet fog at night. Sometimes these conditions overlap, but in Central London it is rare for wet fog to occur at times of maximum pollution, though such a coincidence may have been a special feature of the 1952 smog. When wet fog and smoke do occur together the smoke particles are in general separate from the fog droplets. The vast majority of smoke particles consist of aggregates of carbon and tarry hydrocarbons. They can be seen under the electron microscope as irregularly shaped particles having

diameters well under one micron. There may be as many as half a million of these particles per cubic centimetre of air at times of peak pollution. Their dull black surface makes them excellent absorbers of light, so that a high concentration during the daytime leads to semi-darkness and it becomes difficult to see objects more than 50 yards or so away. Visibility is however unlikely to be reduced as much by smoke alone as by wet fog.

It has been estimated² that about 1,000 tons of smoke are emitted daily into the atmosphere over Greater London in mid-winter. This is accompanied by some 2,000 tons of sulphur dioxide and although this gas has no material effect on visibility it accumulates when the air is calm and may reach levels at which its characteristic smell is noticeable. A small amount of sulphuric acid is also emitted and as this persists in the air as small droplets which scatter light, it contributes to the general reduction in visibility. Acid droplets can be detected by collecting samples on slides treated with indicators and examining them under the microscope. At all times there are just a few strongly acid droplets having diameters of the order of several microns and each of these contains a solid particle. In addition there are many acid droplets of sub-micron size. There may be as much as 0.2 milligrams of sulphuric acid per cubic metre of air at times of peak pollution which compares with a maximum of about 10 milligrams of black smoke per cubic metre of air. When wet fog is present some sulphur dioxide may dissolve in the water droplets, and it is possible that this is oxidised to sulphuric acid. If high pollution accompanied the wet fog the concentration of sulphuric acid might rise well beyond the figure quoted above, and this could have happened in the 1952 smog. Any effect of this kind would however be offset by the tendency for sulphuric acid droplets to absorb further water from the air and become large enough to fall out under gravity. This phenomenon has been demonstrated by placing indicator papers on the roof of the hospital at times when pollution is very high and the relative humidity is increasing; on several occasions a "shower" of acid droplets has been observed as fog formed or just before rain. This process may account for some of the corrosion which occurs on ex-

posed stonework in the City.

Efforts are now being made in London and other large towns to prohibit the emission of black smoke and so remove the most frequent cause of visibility reduction. Black smoke is a sign of inefficient combustion and is avoidable. Combustion is much easier to control in large furnaces than in domestic fires and with mechanical stoking or careful hand firing it is possible to operate large furnaces smokelessly even on soft coal, but no amount of care will prevent smoke from domestic coal fires. The solution to this problem lies in the use of smokeless fuels such as coke or anthracite. The City has already been declared a smokeless zone, and the small percentage of domestic premises within it made this a relatively easy task. As it is surrounded by several hundred square miles of residential area, the benefits are however not immediately apparent. In ordinary atmospheric conditions smoke from other parts is always blowing over the City, but when there is absolutely no wind the differences are remarkable. On two occasions during recent years (4th January, 1956, and 3rd December, 1957) a great "wall" of smoke has built up in residential areas around the City whilst within it the air has remained clear for several hours. Ultimately, the smoke has drifted in, but observations of this kind illustrate the value of smokeless zones if extended over a wide enough area. At the same time it should however be pointed out that "invisible" pollutants such as sulphur dioxide are unlikely to be decreased in smokeless zones, since most alternative fuels contain as much sulphur as does coal. Fuel oil contains considerably more sulphur and the net result might be a slight increase in the concentration of sulphur dioxide in some areas. This may also be accompanied by an increase in the sulphuric acid content of the air. It is not yet clear whether smoke, sulphur dioxide, sulphuric acid or some other pollutant is responsible for the acute effects on health observed at times of high pollution, but each of these substances can act as an irritant if the concentration is high enough. While there must still be some reasonable doubt that all health problems will be solved by the setting up of smokeless zones, few would deny that the abolition of smoke is a valuable step in the fight against the evil of air pollution.

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MISS A. E. TURNER

ex-SISTER F.F.1

Miss A. E. Turner, who recently retired from her post as Sister to the Orthopaedic Department, had the unique honour of being the first Sister in charge of the Orthopaedic ward of this hospital.

Since the time of Percival Pott, Bart's can claim a long line of General Surgeon's interested in skeletal surgery, culminating in Howard Marsh and Gordon Watson. When Miss Turner entered St. Bartholomew's Hospital in 1924 as a junior nurse, she worked on Sir Charles Gordon Watson's wards; this may well have influenced her future choice of work.

In 1929 she was appointed Night Sister and later, when a ward was allotted to the Orthopaedic Department, she was first appointed nurse in charge as a "Pink", later becoming Sister Kenton. This ward was also unique as the back ward housed women, the front ward men with children's beds in both sides. The majority of the work was concerned with deformities and diseases of the bones and joints. Fractures were still treated by the general surgeons.

Although a small department, it flourished and many famous Orthopaedic Surgeons of today received their training there.

I think of Miss Turner as one of the "old school", and I do so with respect and pride as will all those who have worked with her. One certainly "worked with" Miss Turner. She welded together all members of the "House"—she never called it the ward—as a team working for the welfare of the patients. She was of the era when nursing care was the essential part of the treatment

of so many diseases and making a patient comfortable when encased in plaster or suspended from one bit of Orthopaedic gadgetry to another, was a difficult everyday nursing problem which Miss Turner was never weary of tackling and solving.

Students do not usually hold an In-patient appointment in Orthopaedics, but the Orthopaedic ward was well patronised by the hospital's sportsmen, especially the Rugby teams with their injured joints and fractures, and it was in this way that many of us first met Miss Turner and learned to appreciate her kindness and that of her staff.

For many years she attended and assisted at almost all operations on her patients, but as her duties became more onerous and Orthopaedic surgery expanded, as it did with the outbreak of the last war, she was unwillingly forced to curtail this interest.

At the beginning of the last war, Miss Turner moved with her "House" to St. Albans and became Sister in charge of the main male Orthopaedic ward, F.F.1, at Hill End. This ward of 70 beds was usually fully occupied by soldiers from Dunkirk, by airmen from the Battle of Britain, or by air-raid casualties from the London bombing raids, and Miss Turner's "House" became a hive of Orthopaedic industry demanding long hours and constant vigilance. At this stage Orthopaedics had embraced the large-scale treatment of fractures and emerged as that part of general surgery responsible for the skeletal system.

During her time at Bart's, Miss Turner saw the establishment of Orthopaedic Surgery as a speciality and in this development she played an important part. As I write this, I am aware that she will certainly disagree with me if she suspects that I am placing her in the limelight. Nevertheless, all of us who were privileged to have worked with her are greatly in her debt and wish her a long and happy retirement in her beautiful country home. A larger band of people will also remember her with gratitude and affection. They were the most important people in the world to her because they were her patients.

G.J.H.

WESTWARD HO—THE WAGON

by R. C. KING

When I discussed, with the late Professor Hopwood, the potentialities of a visit to the United States, he made the remark that such an event would, in all probability, rank as one of the more notable occasions in my life, adding, "but if you go without your family you will be making one of your greatest mistakes." He was of course, quite right, but it was nonetheless, with a certain amount of trepidation that we set out with three small children on the 3,600 mile journey from London for a year's stay in Ann Arbor. The ocean crossing itself was pleasant enough, but the "Mauretania" docked in New York a few hours after the survivors of the "Andrea Doria" had been landed and the resultant chaos no doubt accounted in large part for our initial unfavourable impressions. In the midst of a raging thunderstorm we were among the last to leave the ship. The temperature was 96° F and the customs authorities proceeded to open each and every article of our carefully corded luggage. To add to our troubles the travel agency did not fulfil its promise of dealing with our trunks and their representative, who should have met us with our rail tickets had returned to his office. However, the expenditure of the first of our precious dollars on the purchase of iced drinks and American flags for the junior members of the party had a remarkable effect on morale and despite some initial confusion we arrived at the New York Central Railroad Station in time to catch "The Wolverine" to Ann Arbor.

The size of the country together with the relatively small population and the high tempo of living combine to account for many of the differences which impress the visitor to the "States." Americans work hard and play hard, and travel long distances in the interests of both. Air travel is therefore a necessity, trains are equipped for greater comfort over longer distances and both cars and roads are built for speed. Turnpikes and express ways employ every known device to hurry the traffic along and it is now possible to drive from Chicago to New York (a distance of 850 miles) without encountering a single traffic light. (A friend of mine was pursued by the Police for 110 miles along

such a road before the patrol car could succeed in passing him.) Road-side services are geared to the needs of the impatient motorist and there are drive-in restaurants, banks, and cinemas, where one can have a meal, cash a cheque or watch a film without leaving the car. In Wyoming we even saw a drive-in Church. Gas stations are models of efficiency, tipping is unknown, and the low price of petrol is accentuated by the "gas war" at present in progress between the larger petroleum companies. The cars themselves are beautifully made, comparatively cheap and stand up well to the rough handling they receive. Although the casualty rates on the road are enormous, the standard of driving is high. Two major factors contributing to the annual total of 40,000 deaths are excessive speeding and driving under the influence of alcohol, while the comparative youth of many of the drivers must also be of some relevance. In many states the minimum age at which driving is permitted is 15—16 years, and in Florida and South Carolina it is as low as fourteen. Many other everyday features reflect the higher speed of living and the sparsity of the population. Super Markets have replaced the traditional grocer's store; greengrocers, fishmongers and bakers shops are rarely seen whilst the majority of the food is canned, frozen, or wrapped. Large shopping centres sited on the outskirts of residential communities abolish parking problems and make it possible to do all the family shopping in the course of one expedition. There is less tendency for the population to be grouped round commercial centres, straggling ribbon development is the rule and the towns and villages by and large lack the compactness and character of their English counterparts. The political and judicial structures appear less stable and more corruptible than in this country while it is easy to appreciate the admiration evoked in the foreign visitor by the British Police Force.

Two of the most frequently asked questions since our return have concerned family and finance. In particular how did the children react to America and how much money did we spend. The Fulbright authorities very rightly advised that at least 4,200

dollars would be necessary for the maintenance of a family of five over a twelve month period. In fact we spent exactly 5,000 dollars during a thirteen month stay. One fifth of this was contributed by my wife who worked for two six hour evening periods each week as a registered nurse in a local private hospital. In order that she could work it was essential that she should go on her own immigrant visa rather than as an exchange visitor, and the initial cost of such a visa (26 dollars) in this country was amply repaid. The cost of living was definitely higher than in England, but not to the expected extent, despite the fact that Ann Arbor is reputed to be the most expensive town in the United States. Details of our expenditure are given below:—

26.7.56 to 24.8.57

Dollars

Rent	
(including lighting and heating) ...	1270
House Keeping	1120
Milk	200
Car	705
Health Insurance (Blue Cross) ...	111
Telephone	70
Capital expenditure	1000
Miscellaneous	524
Total	5000

Most of the items are self explanatory. The Blue Cross subscription insured against hospitalization costs but did not cover either Doctors or Dentists fees. The seventy dollars expended on the telephone included the cost of a call from Ann Arbor to Pembroke (sixteen dollars) which incidentally was put through without any prior notice and within fifteen minutes of first being requested. Capital expenditure covered such items as clothes, household articles, camping equipment etc., and was somewhat heavier than had been anticipated. The temperature in Michigan varies from sub-zero in the winter to 90—100° F in the summer and we had to purchase rather more clothes for the children than had been expected. We had very few luxuries and would, I am sure, have been most unhappy with less than 5,000 dollars. The University Apartment was new and comfortably furnished and its situation, three miles outside Ann Arbor made a car a necessity. For 450 dollars we bought a 1952 six cylinder Chevrolet and twelve months and

twelve thousand miles later it was sold to a fellow Englishman for 275 dollars. This loss of 175 dollars is included in the total expense of the car given above, other items being 64 dollars for insurance, 166 dollars for maintenance and 300 dollars for gas and oil. A day spent in Detroit touring the second hand car lots was a most entertaining experience. Such statements as "I don't care if I don't make any money on the deal as long as I make a friend" or "This belonged to an elderly widow who only drove it on very fine days", etc., etc., became very familiar. We eventually decided that it was safer to buy either from a genuine owner-driver or from a local garage proprietor with some reputation attached to the car.

America made little impression on Susan aged five months, despite the fact that her first spoken word was "Hi!". She slept in car, train or boat with equal indifference and was remarkably tolerant of the many changes of scene. The boys aged six and four enjoyed every moment of their travels. The "Mauretania" was completely safe as far as they were concerned, although the boat deck of the "Saxonia," on which we returned, was a source of some anxiety until the rule was established that when standing by the rail both feet should be firmly planted on the deck. They went "trick and treat" at Hallow'een, skated and tobogganed in the winter and caught pollywogs in the spring, while the spacious North Campus of the University provided a wonderful playground in the summer. Christopher attended a local infant school which was like all American Schools, free, but he unfortunately repeated his previous year's work in England, as the commencing school age is six. His accent and clothes initially singled him out as an English boy, but both soon underwent a remarkable change and by the time he requested that his last course at breakfast should be a vitamin tablet we realized that the metamorphosis was complete. Both he and David attended Sunday school which was very sensibly arranged to take place at the same time as morning service. A babies' crèche completed the facilities to ensure that the whole family could attend Church together. The standard of schools varies from place to place but we were certainly fortunate in Ann Arbor. I was very amused at a question asked by a ten year old girl in Detroit after I had given her class a short

talk on "England." She said "Would you mind saying a few words in your own language?"

This is not quite as amusing as it sounds, because surprisingly enough, there is a remarkable difference both in actual vocabulary and the usage of words common to both languages. In the world of clothes for instance, braces become suspenders, waistcoat becomes vest, trousers pants, and a bowler hat a derby. Around the house the ground floor is called the first floor, the settee the davenport while the verandah is the porch and the toilet is variously known as the biffy,

different meaning or not used at all in this country. Small wonder that Anglo-American relations become at times a little strained—we often don't speak the same language.

No visit to America would be complete without a "trip out West". We were fortunate in having enough time and money for such a purpose and in early June we set out with a car load of children and equipment for the Rockies. Two days spent on the sandy shores of Lake Michigan enabled us to perfect our camp drill and we then moved on by boat 80 miles across the lake to Milwaukee. In Wisconsin we camped at



The Campus in Winter

biffer or john (There is a society in New York which has as its members men with the Christian (given) name of John, whose aim in life is to prevent the use of their name for such a lowly purpose). In the car the bonnet becomes the hood, the boot the trunk, the silencer the muffler and the exhaust pipe the tail pipe. A saloon is called a sedan while on the road the tarmac is the pavement and the pavement the sidewalk. Even the baby may be confused for her pram is called a buggy, her push chair a stroller, her cradle a bassinet while her dummy (which heaven forbid she should use) a "Pacifier." To gumshoe means to creep, ornery means awkward, while presently means at the moment. With very little effort we were able to compile a list of 400 words in common use in the States which are either spoken with a

Devil's Lake, an old volcanic crater, and from there visited The Dells, a 12½ mile rocky gorge with towering sandstone cliffs and fantastic rock formations, through which flows the Wisconsin River. We crossed the Mississippi into Minnesota and the Sioux River into South Dakota, the capital of which, Sioux Falls, has a modest population of 52,000 and yet is the largest town in five neighbouring states which together cover an area of 476,000 square miles. Such is the vastness of the West. Between the White and Cheyenne Rivers in South Dakota lies one of the most spectacular examples of weathering and erosion in the world—the Badlands. An area of 123,000 acres characterized by irregular ravines and fantastic ridges, it derives its name from the security it once provided for the outlaws of bygone days.

Travelling further west it was but a few hours drive to the Black Hills—yesterday's land of buffalo and boom town, cattle drives and rustlers, Hickock, Custer and Indian Wars. It was here that America's last gold rush wrote a chapter of recent Western history studded with names like Wild Bill, Calamity Jane, Deadwood Dick and Potatoe Creek Johnny. It was here, too, that we visited the Shrine of Democracy—the Mount Rushmore National Memorial, where the carved heads of Washington, Jefferson, Lincoln and Roosevelt rise to a height of 70 feet as a tribute to the conception and preservation of individual American freedom. The largest remaining herd of American bison roams the Custer State Park through which passed en route to the Big Horns, the first real Rocky Mountain Range. On through Powder River Pass and Ten Sleep Canyon to Cody, Buffalo Bill's own town and so to the last lap of our journey over the Buffalo Bill Highway, "the most scenic 50 miles in the world," we came to the Eastern Entrance of Yellowstone Park—1,853 miles and eight days from Ann Arbor.

Yellowstone, established by Act of Congress in 1872, is one of the 29 National Parks administered by the Government for the purpose of conserving the scenery, the national and historic objects and the wild life. In 1955, 1,368,515 tourists visited its 3,471 square miles. Elevations ranged from 5,000 to 11,360 feet and the nights are always cold. The natural features include over 200 geysers, hot pools, and terraces, canyons and water falls and large numbers of wild animals such as bison, moose, wapiti, deer, prong horns, big horns, grizzly and black bears. While we were there we forsook our tents for log cabins and very glad we were that we had done so when, lying in bed at night, we heard the coyotes howling in the distance and the bears muzzling round the cabin doors. Best known of the geysers is Old Faithful, which derives its name from its regular eruptions approximately every 64 minutes. After premonitory cannonading between 10,000 and 12,000 gallons of boiling water are discharged 180 feet into the air, while clouds of steam rise to 1,000 feet or more. A most amazing sight. Another remarkable feature of the park is the Grand Canyon of the Yellowstone River, 24 miles in length and 800 to 1,200 feet in depth. It is the predominant yellow colour of the

gorge which is thought to have been responsible for the name of the river and the 308 feet high Lower Falls seen against such a background provide one of the most colourful scenes in existence. We stayed five days in Yellowstone. We would have stayed five weeks, but reluctantly we turned south and followed the Snake River to the Teton range and Jackson Hole country which, together form a landscape of matchless grandeur and beauty, said to be unlike any other in America. There was a blueness about the snow-capped mountains such as we had not seen before, while the valleys below were carpeted with wild buckwheat, yellow bells, balsam root and larkspur—it was springtime in the Rockies. Once again, however, Old Father Time grew impatient and we moved further South to the Mormon country of Utah and Salt Lake City. After the coolness of the mountains the heat of the valley was unbearable, but true to tourist tradition we bathed in the Great Salt Lake with its 28% salt content. Paying a quick visit to the Mormon's Temple Square we then moved East over barren semi-desert country where the water courses had long since dried out and where the only vegetation was sagebrush, greasewood, salt bush and juniper. A night's stop at the Dinosaur National Park and then on into Colorado, the mountain State of the Union, where 52 of the country's 64 named peaks, with elevations of over 14,000 feet, are to be found and where the road itself ascends to a height of over 12,000 feet and runs for more than 15 miles above timber line. Trail Ridge road crosses the Continental Divide twice on its way through the Rocky Mountain National Park and spectacular panoramas of majestic peaks and awe-inspiring canyons extend in every direction. Reluctantly we left the Rockies through Estes Park and Big Thompson Canyon and set out on the long trek back across the plain states. By contrast, Eastern Colorado, Nebraska and Iowa were flat and uninteresting, while Illinois and Indiana were but little better. And so back to Michigan, the Water Wonderland with its 11,000 lakes to Ann Arbor and home. In 29 days we had travelled 4,734 miles and visited 13 states. We had gone from sea level to 12,000 feet and back, we had camped in temperatures ranging from 30° to 104° F. In short, we had had a wonderful holiday and the cost—just 340 dollars.

Although Mr. Rupert Corbett has described in detail in a previous issue of the *Journal* (April, 1956) the organisation of the University Hospital, the reader may well be asking, "But why no mention of American medicine. Was he not impressed?" Of course I was more than impressed by much that I saw and I had the good fortune to spend a year with Dr. Marvin Pollard in what must be one of the most progressive gastro-enterological units in the world. Differences there must be between British and American medicine, differences which result in the main from a more stable financial background and the more positive attitude of the average American citizen towards health and disease. Adequate funds allow for the organisation of comprehensive research programmes, specialisation is the rule, while every form of investigation and treatment is readily available—at a price. "Fight Cancer with a Check-up and a Cheque" is a popular American Cancer Society slogan, and the response is such that large-scale screening projects have been established (particularly in relation to cancer of the uterus) to the mutual benefit of the general public and medical research. Some degree of morbid anxiety must inevitably result from such campaigns, but as a general rule the public are merely health conscious rather than hypochondriacal, cancer conscious rather than cancerophobic. Naturally the advantages of the Welfare State are missed, and to the poor and uninsured the threat of ill-health is a constant dread. Illness can be an expensive experience with hospital beds costing 20-25 dollars a day, and blood at 25 dollars a bottle, but in a country where the average factory worker earns £26 a week it seems only right that the cost of medical services should be in proportion.

We journeyed to America with three small English children; we returned with three Americans, complete with Davy Crockett suits and genuine frontier accents. It was a successful family venture, and to those who say "Was it worth it?" the answer is an unqualified "Yes". To those who say "Would you like to stay there?" the answer is "No, not yet". We enjoyed America, the people, the country and the medicine, but we were not unhappy at the thought of returning home again to England.

* * *

A CHAPTER OF INCIDENTS

by T. C. LITTLER-JONES

Nearly 60 years ago whilst on duty as House Surgeon I admitted to the out-patient department an old lady who was obviously a tramp. This lady was very ill and on examination proved to have a very bad throat which was causing much distress. Before she could be admitted to a ward she collapsed and died.

Two days later I had a very sore throat and immediately sent a swab to the Path. Lab. and awaited their report. As luck would have it on that very day the pathologist was struck down with influenza and the slide was never made. At tea time of the same day a doctor colleague of mine suggested that a weekend in the country at his father's house at Barnes might set me once more on my feet. I accepted the invitation gladly and we both set off to Barnes. However at 1 a.m. on the following morning I was finding breathing increasingly difficult and became very frightened.

The local physician was then called and he very indignant at the late hour pooh-poohed the whole thing saying it was only a "hospital throat" and would recover with gargling.

By 1.30 a.m. I was really terrified and begged to be taken back to Bart's and hence a brougham was sent for, to arrive 45 mins. later. The jarvey kept to the South Bank of the Thames for most of the way, crossed over Westminster Bridge and along the Embankment. On reaching Ludgate Circus the jarvey announced that the horse was done for which was not surprising since it had travelled 11 miles from Barnes without any respite, I meanwhile was hanging from the brougham window struggling for my breath and dribbling copiously.

The jarvey led the horse up Ludgate Hill whilst my friend and a Peeler who had been impressed with the urgency of the case pushed the brougham from behind. Round the corner by Hope Brothers and along Old Bailey wound this strange procession, over Holborn and on till the gates of Bart's were reached.

As we crossed the square Laidlaw Maxwell was sent for and all preparations were made for an emergency tracheotomy. My friend laid me on a bench seized a paraffin lamp and the operation commenced. It was here that my friend disgraced himself for the first and only time when he fainted as I was opened up and the lamp crashed to the floor.

Owing to the time and haste in which the operation was performed no proper tracheotomy tube was available so a makeshift rubber tube was used. This tube was the cause of 60 years of inconvenience since the rubber scarred the epithelial lining of my trachea giving rise to endless throat troubles. This however was a small price to pay for my life since I had literally stopped breathing when laid on the bench and death was not far off.

Nor was I the only one more dead than alive since my friend, the jarvey, and the horse were dropping with exhaustion following their frantic efforts of the night.

Some weeks later the toxic side effects of the *Corynebacterium diphtheriae* began to become apparent, my heart began to race, I was unable to focus properly and I became paralysed from the waist down. In consequence I was ordered to the Channel Isles where the atmosphere is supposed to be more suitable for invalids and tickets were booked on the first daylight trip of the S.S. Stella which was some weeks ahead. I soon tired of waiting and persuaded my doctor to change the passage to one a week sooner and by night. The S.S. Stella sank on her first daylight trip that year and many people lost their lives; I had escaped a premature end for the second time in a few months.

This was not the only occasion that the sea nearly claimed me for its own for many years later it tried again. At this time I was a surgeon in the R.N.V.R. and appointed to the Hospital Ship Rohilla and late in 1915 we were steaming towards Zeebrugge at 5.0 a.m. when we were struck by a terrific gale. After some hours we were blown onto a very rocky shore and the ship broke in two. At this time I was lying on my berth trying to get some rest dressed only in a very short shirt. Suddenly the berth above me fell down pinning me in a cage and all the lights went out. Eventually I managed to escape but in doing so dislocated a tendon at the back of my heel, the flexor hallucis longus,

and also cut my bare feet severely on the broken glass.

After much delay I with three naval nurses was taken off in a very small rowing boat still dressed only in my shirt. On reaching the shore we discovered that we were aground off Whitby Head and I discovered a link with Bart's of today. One gentleman who was at the scene of operations offered me the loan of a suit of clothes which I gratefully accepted. I met his son in the square at Bart's some 40 years later whom I discovered was now Senior Surgeon to the Hospital and who was then but a student. It was Mr. Hume's father who lent me the suit.

Now after a long and I hope useful life as a surgeon I have once more retired to the Channel Isles to spend the rest of the time I borrowed on that first occasion 60 years ago in the 'atmosphere so suitable for invalids'.

A CASE OF LYMPHOGRANULOMA VENEREUM

by M. W. SLEIGHT

Lymphogranuloma venereum is becoming common in this country on account of the large number of immigrants, chiefly from the West Indies, where it is endemic. In the case described below, the patient presented with a swinging pyrexia and leucopenia as is seen in typhoid fever. In a review of the disease, such a presentation is not described by Rajam and Rangiah, though it is mentioned by Topley and Wilson, and also by Horder, who states that it is more commonly seen in infections by the associated virus Psittacosis.

Case History

The patient was a Jamaican, aged 44, who had been in England for four years. He presented with a temperature of 104° F., and a four-day history of headaches and abdominal pain. He had been seen two days previously when he was not so ill and the temperature was 100° F.

The headaches were severe, constant, and situated in the frontal region. There was no photophobia or visual disturbance. The abdominal pain was moderately severe, colicky in character and was centered on the umbilicus, radiating to both hypochondria and the suprapubic region. It was associated with excruciating pain in the testes. The patient had been constipated since the onset of his

As can be seen in fig. 1, the temperature was hectic and intermittent. Two days after admission, there was a slight generalised lymphadenopathy, rather more marked in the inguinal region. A possible scar was noted in the right groin.

Though there was no neck rigidity initially, slight resistance to neck flexion developed after about a week.

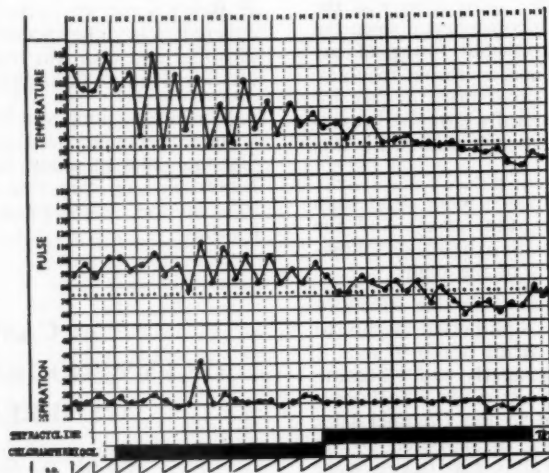


Fig. 1

symptoms, though the bowels had been quite regular beforehand. The pain was only relieved by eructation.

In the systematic history, there were no abnormal symptoms. In particular, he had had no urinary symptoms and no urethral discharge.

He had been treated three times in the past for gonorrhoea and at the time was having treatment for syphilis. In addition, there was a possible past history of malaria.

On admission T.P.R. was 104°:88:22. There was tenderness in the right hypochondrium and supra-pubic region. There were no localising signs. The blood count on admission was:—

Hb. 107%. White cell count 2,200. Polys. 77%. Lymphs 24%. Monos 3%. Eos. 1%. E.S.R. 22mm. per hr.

The differential diagnosis at this stage included malaria, amoebiasis, typhoid fever, and the Venereal Diseases. A test of quinine was negative, the Widal and W.R. reactions were negative. No cysts or amoebae were found in the stools. However, the Frei test and L.G.V. complement fixation reaction were both positive; the latter to a titre of 1:64. Proctoscopy revealed pus on the rectal mucosa which contained many leucocytes on microscopy.

On the third day he was given an empirical course of chloramphenicol, during which the temperature began to subside over a period of about one week. After L.G.V. had been diagnosed, this was changed to tetracycline.

Discussion

Usually L.G.V. runs a course in three stages. It begins with a lesion on the geni-

talía, though it is often so mild as to pass unnoticed. About a week later a mild pyrexia develops with swollen inguinal glands which suppurate and may break down. Later, fibrosis occurs and strictures form, e.g., in the rectum, and elephantiasis develops in those areas drained by the affected lymph glands.

However, instead of a mild pyrexia, a severe systemic reaction may develop in the second stage, as in the case described, and L.G.V. must be considered in the differential diagnosis of such a P.U.O.

Summary

A case of Lymphogranuloma Venereum is described exhibiting a typhoid state. Diagnosis was based on a positive Frei test, a positive L.G.V. complement fixation reaction, and the demonstration of pus cells on the rectal mucosa.

I would like to record my gratitude to Dr. N. G. Hulbert for his help and encouragement in the preparation of this article, and for his permission to publish the case.

A TRANSLATION OF DE CIRCULATIONE SANGUINIS

by K. J. FRANKLIN

At the suggestion of the Editor of the *British Medical Journal* and of others (1-3), and with the goodwill of my colleagues in our Department of Physiology, I have since summer, 1957, set out to re-translate into English the two anatomical essays addressed by Harvey in 1649 to John Riolan, Jr., Professor of Anatomy and Dean in the University of Paris. The two essays are often called *De circulatione sanguinis*. I have also re-translated the series of letters printed in Harvey's *Opera omnia*, 1766. As these new versions will appear before long from the press which published the similar version of *Exercitatio anatomica de motu cordis et sanguinis in animalibus*, 1628, all Harvey's circulatory writings will henceforth be available in comparable format, and simultaneously in both languages, and it is my hope that these new books may prove of service to Harvey's memory and to the advancement of his science of physiology.

My translation of *De motu cordis* last year owed much to being accompanied in publication by the colour reproduction of the Royal College of Physicians' oil painting of Harvey. The generosity of Professor John F. Fulton, F.R.C.P., made the illustration possible, and the College subvented the book's appearance. To both parties my publishers and I are greatly indebted.

The illustration which I have chosen for the present paper seems to me to suggest, with an elegance which Harvey himself would have appreciated, that gentleman's links with the court, art and science. It is a reproduction of an oil-painting by William Dobson (1610-1646) of Charles, Prince of Wales, at the age of 12, and it was painted to the order of King Charles I and presented to Harvey, in whose and whose family's possession it remained a long time before it eventually started on its way to the National Portrait Gallery of Scotland, where now it is.

Physiology was considerably advanced in pre-Harveian days by Galen (A.D. 130 to c. 200) and by Vesal (1514-1564), but could not really prosper before the recognition of the blood movement and the acceptance of recourse to properly conducted experiment as the proper criterion of the science; it also had to wait upon adequate advances in anatomical knowledge and nomenclature. Its emergence was therefore slow, and I am personally unable to understand the attraction Jean Fernel (1497-1558) had for the late Sir Charles Sherrington. For Fernel was a leading physician, imbued with the scholarship of the renaissance but lacking the experimental method, and being therefore a very good example of those against whom Harvey had all his life to contend.

In 1544 Fernel's book, *De naturali parte medicinae Libri septem*, reappeared in revised and modified form as the first of the three parts of his *Medicine*, and with its title changed to *Physiologia*. The natural part of medicine included anatomy, which was to physiology as geography was to history, i.e., it described the theatre in which the action took place. The subsequent section on physiology was little influenced by its anatomical prelude, and Fernel stated that one passed from what one could see and feel to what was known only by meditation. The result was the second separate treatise on physiology to appear (the first being Galen's *De usu partium*), but it is of no particular interest, and Charles Singer calls *Ars medica, succincte et perspicue explicata*, second edition Hamburg, 1617, "the first formal treatise using the word Physiology in the modern sense" (note by Professor Singer in copy presented by him to the present writer). The second book in it is entitled "De physiologia", and the author was Duncan Liddel (1561-1613) of Aberdeen. His words are, however, of small import beside those written in 1649 in the first of Harvey's two essays to Riolan, which included the following passage. "The contemplation of those things which are normal is physiology, and it is the first thing to be learned by medical men. For that which is normal is right and serves as a criterion for both itself and the abnormal. By defining in its light departures from it and unnatural reactions, pathology becomes more clearly obvious for the future, and from pathology the practice and art of therapeutics, and opportunities for discovering multiple new remedies, derive". It was, indeed, this passage which decided me that I ought to continue translating Harvey's *De circulatione sanguinis*, and so led to the book which I have in hand.

Jean Riolan had been born in Paris in 1577 and had published a number of works in the early part of the century and in 1618. In 1613 he was appointed Regius Professor of Anatomy and of Botany, and later he became Chief Physician to Queen Marie de Medicis, a post he retained to her death. He went with her on her journeys and was in England for several years, thereby presumably getting opportunities of meeting Harvey and seeing his experiments. He died on February 19th, 1657, aged 77. His *Encheiridium anatomicum et pathologicum*, 1649, to which Harvey

replied by the two essays, is an elegant little work which, however, was too bound up with traditional medicine to be able to please the discoverer of the circulation, who wrote "For the rest, Riolan, I congratulate both myself and yourself, myself because of the significance with which you have invested the circulation, yourself on a learned, polished and concise book of unsurpassed elegance, for the gift of which to me I thank you most fully, the deserved praises of which I both should and would like to recount; I confess, however, that I am unequal to so great a task".

The second essay by Harvey, "in which many objections to the circuit of the blood are refuted", says that "It is now many [i.e., 21] years ago, learned Riolan, since with the assistance of the press I published a part of my work. Since that birthday of the circuit of the blood there has of a truth been scarcely a day, or even the smallest interval of time passing, in which I have not heard both good and ill report of the circulation which I discovered. Some tear the as yet tender infant to bits with their wranglings, as undeserving of birth: others by contrast consider that the offspring ought to be nurtured, and cherish it and protect it by their writings. The former oppose it with strong dislike, the latter defend it vociferously. These think that by means of experiments, observations, and my own visual experiments I have established the circuit of the blood against the whole strength and force of arguments; the others that it is scarcely as yet sufficiently elucidated, and not yet freed from objections. There are moreover those who cry out that I have striven after the empty glory of vivisections, and they disparage and ridicule with childish levity the frogs, snakes, flies, and other lower animals which I have brought on to my stage. Nor do they abstain from scurrilous language".

"To return scurrility with scurrility, however", went on Harvey, "I judge unworthy in a philosopher and searcher after truth. I think it will be better and wiser to tone down these many indications of bad manners by the light of true and trustworthy indications. It is unavoidable that dogs bark and vomit their surfeit, or cynics are numbered among the assembled philosophers, but one must take care that they do not bite, or kill with their savage madness, or gnaw with a canine tooth the very bones and foundations of

truth. While I resolved with myself that censurers, mummers, and stain-defiled writers of disapprobations should never be read (as being men from who nothing sound or remarkable except scurrility was to be expected), I judged them even less worthy of answer. Let them enjoy their evil nature: I think they will scarcely ever have well-disposed readers: and the good God does

face is pale but the ears are red as if about to hear ill; in adolescents touched with desire, how quickly is the penis filled with blood, erected and extended? But what is most worthy of observation by physicians and most useful, why do blood-letting and the exhibition of cupping-glasses, and compression and artificial constriction of the artery taking the blood-flow to a part (especially while the

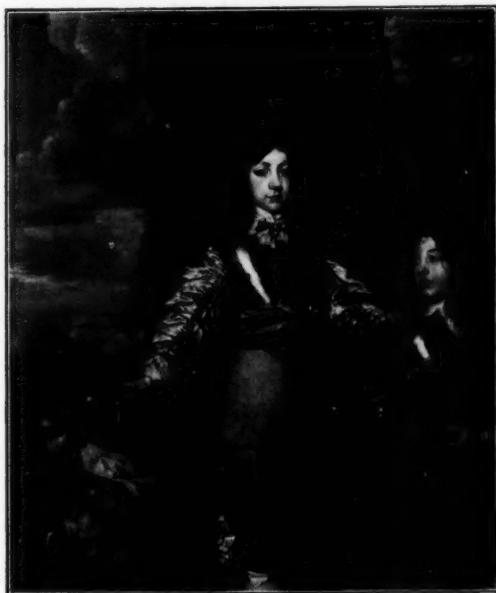


Fig. 2

not give to the wicked that which is most outstanding and most to be desired, namely, wisdom. Let them continue", he concluded, "with their scurrility until it irks if it does not shame them, and finally tires them out".

After many pages of addition to the circulatory knowledge adduced in his 1628 book, Harvey went on to describe very succinctly some of the variations observed. "For what is more remarkable than the way in which our body reacts differently in every affection, appetite, hope, or fear, and the countenance itself changes, and the blood appears to be escaping hither or thither? The eyes redden with anger and the pupil is constricted. In bashfulness, the cheeks are lavish with blushes; in fear, disgrace, and shame, the

change is actually being made) assuage and remove all pain as by a charm?"

The letters are as follows. First, a short one written to Caspar Hoffmann in 1636 and published at Nuremberg. Hoffmann had been born in that city in 1572, and after studying medicine in Leipzig in 1592 and Strassburg in 1594, had gone with a grant from Altdorf to Padua to work there under Girolamo Fabrizi of Acquapendente. From Padua he had gone on to Basel, where he had taken his Doctorate in 1605. He had returned to Germany in the next year, and in due course had become Professor of Medicine in Altdorf, where he died on November 3rd, 1648, after being paralysed for some years. He was a marked devotee of traditional medicine and opposed modern views, including those of

Harvey, who was with Lord Arundel's embassy in Nuremberg in 1636, and wrote to Hoffmann offering a demonstration. This was probably given on November 12th or 13th, and traditionally convinced all except Hoffmann, who went on offering objections until Harvey at length threw down his scalpel and walked out of the theatre. The letter shows well Harvey's marked capacity to combine frank statement with gentleness of manners. "If, however, you are unwilling for that, and also averse to deciding for yourself by means of dissections, at least, I adjure you, refrain from despising the industry of others or turning it into a fault, and do not refuse to trust an honest man, who is also not unskilled or mentally deranged, in respect of something which he has tested so often over so many years".

The other letters from Harvey number eight, and range in time from 1651 to 1657; they also vary considerably in interest. The first was to Paul Marquand Schlegel of Hamburg; the second, fourth and seventh were to Dr. Giovanni Nardi, of Florence; the third to Dr. Robert Morison, of Paris; the fifth and sixth to Johann Daniel Horst, Chief Physician of Hesse-Darmstadt; and the eighth was to Jan Vlackveld, of Haarlem. Schlegel had been born in Hamburg in 1605, and had later taken up science and medicine against the wishes of his father, a prosperous local merchant. In 1631 he had undertaken a scientific journey which, in the event, lasted for some years, and during it he visited Holland, England, France and Italy. He graduated in 1636 and returned to Germany, where he became Professor of Botany, Anatomy and Surgery in Jena. He died in 1653. Dr. Giovanni Nardi was a Florentine medical and literary friend of Harvey. Robert Morison (1620-1683) was M.A., Ph.D. (Aberdeen) at 20 but, after bearing arms in the royalist cause, went to Paris and later became a physician and botanist and got to know Charles II, whom he accompanied to England at the Restoration, and by whom he was appointed his senior physician, King's Botanist, and superintendent of all the royal gardens. The rest of his career was botanical and medical, in Oxford. Johann Daniel Horst was born at Giessen in 1616 and he became Professor and Court Physician there in 1637: he died in 1685. Jan Vlackveld was a physician who lived in Haarlem in the middle of the seventeenth century.

A considerable amount of extra evidence about the circulation is contained in the letters, and indeed a Librarian friend thinks that in some ways they are more like personal tutorials about special points, they and the two anatomical essays forming in that way a remarkable addition to *De motu cordis*.

We are sometimes apt to forget that Harvey was fifty years old when he produced this book on the movement of the heart and blood, and that he had had a strenuous time over many years fighting for the acceptance of the ideas which he had promulgated. In his 1653 letter he told Nardi that there was no need for him to plead advancing years, for he (*i.e.*, Harvey) was himself almost eighty and his physical powers tottering. In his January, 1654-5, letter to Horst, Harvey said that to look at small vessels he needed two things he no longer possessed, namely, sharp-sighted eyes and a mind free from other cares. In his July 13th, 1655, letter to the same scientist, he wrote, "My now too long a tale of years causes me to repress from sheer weariness any desire to explore new subtleties, and after long labours my mind is too fond of peace and quiet to let myself become too deeply involved in an arduous discussion of recent discoveries". His letter of October, 1655, to Nardi, spoke of enlivening his rather inactive old age, and his spirit which scorned everyday trifles, by good light literature such as Nardi himself wrote. Finally, in the letter which he wrote to Vlackveld in Haarlem in April, 1657, shortly before his death, Harvey said, "It is useless for you to spur me on and for me to gird myself for some new research when I am not only ripe in years but also—let me admit—a little weary. It seems to me, indeed, that I am entitled to ask for an honourable discharge".

I trust that the extra details about Harvey and his work may be of interest and pleasure to his successors, meeting more than three centuries later to advance his science in the way that he in particular introduced, and in a region particularly associated with certain scenes of his own labours.

Acknowledgments, etc.

To my Bart's colleagues go my best thanks for having made my new translation, and hence this paper, possible. I wish also to thank our Bart's Librarian, and those of the Wellcome Historical Medical Library and of

the Royal College of Surgeons of England, and our College Archivist (Mrs. Gweneth Whitteridge, F.S.A.), very much for much help freely given.

Quotations given from as yet unpublished translation are to be regarded as copyright to Blackwell Scientific Publications, Oxford, who will be publishing the book.

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Fig. (Courtesy of the Trustees of the National Galleries of Scotland.) Reproduction of oil-painting of Charles, Prince of Wales, aged 12. Painted by William Dobson (1610-1646) to the order of Charles I and presented to William Harvey, M.D.

A note offered to members of the Physiological Society on the occasion of their meeting in St. Bartholomew's Hospital Medical College on February 21-22, 1958.

LETTERS TO THE EDITOR

Sir,

"NIGGERS IN THE WOODPILE"

My distinguished namesake has produced another of his wise and helpful articles, showing that combination of specialised knowledge and general experience which I like to think is characteristic of Bart's and himself.

May I, though, point out that this particular phrase is not now verba grata across the Atlantic—perhaps because it is colourful? A very distinguished American physician, addressing a well-known British Society late last year about a disease which bears his own name, emphasised that its cause was still unknown. "In fact," gentlemen," said he, "we still have not spotted the burglar in the woodpile."

Colourful phrases need careful use.

Yours, etc.,

W. A. BOURNE.

48, Wilbury Road,
Hove, 3, Sussex.

Sir,

THE GRAMOPHONE SOCIETY

Sir,—The question of the foundation of a Gramophone Society within the Hospital has been raised at recent meetings of the Students' Union Council. Most members are agreed that the adoption of the plans there presented would give rise to the troublesome and, fortunately, rare condition of ectopia musical.

Would it not be a wiser plan to use Union funds for the extension of the Burrows Memorial equipment at College Hall?

The potentialities of Long playing records are still only appreciated by the few people who have taken the trouble and not inconsiderable expense to instal amplifiers and so on, of the same order of fidelity, with regard to uniformity of frequency response, as those used by the manufacturers of the records.

I therefore suggest that the Union should set up a sub-committee to investigate the problems of installing such equipment in the recreation room at College Hall and to advise on the limitations which should be placed upon the use of this in order to prevent annoyance to residents in the Hall.

It should be possible to provide very useful equipment including fool-proof record player, 10-15 watt amplifier with pre-amplifier and "Steep Cut" filter together with a two unit Loudspeaker system and provision for the noise to be heard in the so called gramophone room only—for about £75.

The unit once installed could be adapted for reception of Frequency Modulated B.B.C. programmes (V.H.F.) by any one of a number of the student body, at little cost.

Yours sincerely,

CHARLES STEPHENSON.

Abernethian Room,
St. Bartholomew's Hospital.

SPORTS NEWS

VIEWPOINT

Yet another game can now be played at Charterhouse, this time Badminton. A court has recently been marked out in the gym, and a net acquired. Mr. K. Bowles who was largely responsible is to be thanked.

Several cup games have been played during the last month.

It is quite a coincidence that for most of them Bart's were drawn against, and I regret to say lost to St. Thomas's. Still on the subject of cup games. It seemed a pity, even allowing for the fact that Rugger is not a game for children, that an element of undue viciousness was to be observed in both cup games.

Although not really in our field, the organisers of the various club Balls held recently are to be congratulated on their excellence. It is to be hoped that they proved financial as well as social successes.

Once again a party of fortunate, and much envied people has departed for the snows of the Austrian Alps and Ski-ing, this at Zürs. May this admirable expedition be made for many years to come.

CUP MATCH

Bart's v. St. Thomas's

Played at Richmond on Tuesday, January 14th. St. Thomas's won by 3 points (a try) to nil.

The result of this match was a great disappointment, after last year's successful run in the cup. Injuries meant that the Hospital were unable to field two of their more talented players, but as St. Thomas's were similarly affected, no excuse can be made on that account. What then was the cause of a half-hearted effort from a team that had promised well, and achieved some notable victories earlier in the season. It is always difficult to analyse the reason for any team's unexpected failure, but the impression gained on the touch-line was of a half-pace friendly match, without any traditional gusto associated with cup ties. Sufficient to say that St. Thomas's deserved to win. They moved quicker about the field, and were always ready to pounce on mistakes by the opposition, a virtue invaluable in cup matches, and which led to their only score. Much has been written in the daily press about the rugged, and impenetrable defence of both sides. This now seems to be an accepted feature of cup matches, but the old aphorism still holds that attack is the best form of defence. Failure to observe this may have been the main factor contributing to Bart's defeat.

Of the individual performances Britz, although maybe not the purist's idea of a perfect full-back, was hardworked and essentially capable, and McMaster was the most dangerous of the backs. B. Richards at scrum-half threw a long but sometimes floating pass, and did some good work in defence. R. R. Davies attempted little in direct running, being content usually to employ the kick ahead. Unfortunately these kicks were seldom diagonal enough to allow the wings to run on to,

and often the St. Thomas's full-back was able to field and clear unmolested. In the pack Mackenzie, although short of match practice, covered a great deal of ground and was often prominent in the loose. L. R. Thomas was the most successful Bart's forward in the line-out, and Hamilton emerged from his hooking duel with honours about even.

Play began with R. R. Davies kicking off in cold but dry weather. From the ensuing line-out a Bart's forward was penalised for offside and St. Thomas's proceeded to encamp themselves in the Bart's half, a position they were to maintain almost continuously in the first half. St. Thomas's pressed continuously for the first quarter of an hour but the defence and Britz especially were equal to it. One or two stray passes were eagerly seized by the St. Thomas's wing forwards and only splendid covering by the pack kept them out. Bart's showed what they could do only spasmodically in the form of loose rushes, but to often ineptuously cost them the ground gained. After a period of heavy St. Thomas's pressure they achieved the decisive try. Quick breaking by the St. Thomas's pack forced B. Richards into a hurried pass to R. R. Davies; he was caught in possession in the Bart's 25 and the ball went loose. It was kicked on by a St. Thomas's centre and although Britz fell on it he was unable to hold it and the St. Thomas's fly-half and captain scored half way out. The kick narrowly failed, and immediately Bart's swept into the St. Thomas's half with the help of a good break by Stephens. Half time arrived with Bart's at last playing with fire and spirit, and with hopes of a revival in the second half.

This revival did not however materialize. Although there were a series of scrums in front of the St. Thomas's posts the final finesse to beat a solid defence was lacking. McMaster was twice tackled into touch after good handling movements, but then St. Thomas's forced their way back and encamped in the Bart's half. They almost scored on two more occasions and only last-ditch tackles by Halls and McMaster saved the line. Bart's managed one final period of pressure, and won a penalty 35 yards out. Stephens was given the unenviable responsibility, but his kick fell short. This was the final effort, and the game ended with a series of brisk St. Thomas's three-quarter movements.

Team :

M. Britz, A. B. M. McMaster, J. Stevens, J. C. Neely, G. J. Halls; R. R. Davies, B. Richards; B. Lofths, J. Hamilton, D. A. Richards, J. Pennington, L. R. Thomas (Capt.), J. C. Mackenzie, W. P. Boladz, R. P. Davies.

1st X Vv. Strand. At Chislehurst. December 28th. Won 6-0.

After the dismal defeat of the previous week by K.C.S. Old Boys, the 1st XV gained a comfortable but rather surprising win over Stroud at Chislehurst. Victory was surprising since the Christmas festivities had barely finished and nearly half the side were involved in the Pot-Pourri on the previous evening. However due to a highly commendable and vigorous display by the forwards in which Pennington, D. A. Richards and

Mackenzies were outstanding, Stroud never looked like scoring and only a series of mistakes by the Hospital near their opponents' line prevented the score from being nearly doubled or even trebled.

Play began with Bart's exerting early pressure and establishing a foothold around the Stroud '25'. After missing an earlier one, J. Stevens kicked an excellent penalty from 35 yards out after a quarter of an hour's play. Ten minutes later, he kicked another penalty from a similar position. From then on, with some fine hooking by P. Smith, Bart's saw a fair amount of the ball and should have scored on at least two occasions. Once when Mackenzie broke clear after a run by R. P. Davies only for him to kick when he came up to the full-back and again when Martin was seemingly clear of his opposite number for him to be caught by one of the covering forwards.

After the interval, Bart's continued to hold the upper hand, both in the set scrums and line-outs, but Stroud defended well and their fly-half made many relieving touch-kicks.

Davies had another good game and his defensive covering behind his three-quarter line was often noticeable and most helpful. B. Richards was back in his old form and besides throwing out a steady stream of long accurate passes, made several breaks around the base of the scrum.

Team :

A. P. Ross ; J. Martin, J. Neely, J. Stevens, J. Plant ; R. R. Davies, B. Richards, D. A. Richards, P. Smith, B. Lofts ; J. Pennington, C. C. H. Dale ; R. P. Davies, W. P. Boladz, J. C. Mackenzie (Capt.).

1st XV v. Taunton. Away. Saturday, January 11th. Lost 3-0.

In the last game before their 1st round Hospitals cup match the 1st XV lost narrowly to Taunton by a try to nil. Bart's found that the exceptionally muddy ground, a strong wind, and a heavy Taunton side, prevented them from playing any sort of open Rugby. It was hoped that with L. Thomas back after six weeks absence due to a knee injury, the return of Neely to the centre, and the movement of Halls to the wing, some much needed scoring power would be restored to the side. However this was not to be, and the Taunton defence proved capable of stifling almost immediately any move Bart's were able to initiate.

With the wind and driving rain behind them, Taunton kicked off, and soon established a foothold in the Bart's half. Although Thomas jumped well in the line-out, Bart's were often out-scrummaged, and the three-quarters did not see much of the ball. The decisive score came after twenty minutes, when a fumble on the Hospital's line presented an opposing forward with an easy chance, and he dived for an unconverted try.

After the interval, the Bart's pack played better, and with more life. Eventually the heavier Taunton pack again established a slight superiority both in the set scrums, and the line-outs. Stephens and Neely were again pillars of strength in defence, but the three-quarter line very rarely looked like scoring. The side as a whole seemed to lack fire, and will have to produce much more lively and

attacking football if they are to beat St. Thomas's next week in the cup match.

Team :

M. Britz ; A. B. M. McMaster, J. C. Neely, J. Stevens, G. J. Halls ; R. R. Davies, B. Richards ; B. Lofts, J. Hamilton, M. Harries, L. R. Thomas (Capt.), J. Pennington ; P. D. Moynagh, W. P. Boladz, R. P. Davies.

1st XV v. Cheltenham. Home on January 18th. Lost 3-13.

After their disappointing display in the Cup match, the 1st XV were unable to shake off the morning blues in this game against Cheltenham, who had made the journey up to London primarily for the International but also to visit Chislehurst for the first time since the war.

With McMaster moved into the centre and Mackenzie unable to play, the Hospital strove hard to beat their opponents for the first time. However, although Bart's played well in the tight and gained the edge in the lineout through good work by Thomas and Pennington, Cheltenham always held the upper hand outside the scrum, and their fly-half and wing three-quarters were often outstanding. After an all-out attack in the first fifteen minutes, Pennington managed to kick an excellent penalty for Bart's but as the game progressed, the opposition's superiority outside the scrum brought them two tries in the first half.

After the interval Bart's were unable to score any further points (despite one or two determined breaks by McMaster in the centre). Ten minutes from the close, Cheltenham added a further goal from an excellent try by their wing three-quarter. Towards the end, the Bart's pack were slowing down considerably, bringing back memories of the Cup match of the previous week. It is indeed a great pity that the Captain, Mick Phillips, was neither able to play in this game, nor to train his three-quarters in the way in which he led them so well last season. It is earnestly hoped that next year will see a faster and more lively pack, supported by a back division bent on playing attacking and at the same time constructive football.

Team :

A. P. Ross ; G. J. Halls, A. B. M. McMaster, J. Stevens, J. Plant ; R. R. Davies, B. Richards ; D. A. Richards, J. W. Hamilton, B. Lofts ; L. R. Thomas (Capt.), J. Pennington ; P. D. Maynagh, W. P. Boladz, R. P. Davies.

ASSOCIATION FOOTBALL

1st XI v. Royal Dental & Charing Cross Hospitals. Played at Cohnedale on 15th January. Result : Draw 2-2.

After winning the toss, Bart's took command of the game and it seemed only a matter of time before a goal came. Fifteen minutes of continuous pressure roused Charing Cross and play switched

into the other half, with the scoresheet clear. Mercer in Bart's goal had a lot of work to do at this stage, being well supported by a strong, quick tackling defence. As half time approached play became scrappy, and a defensive error let in the Charing Cross centre-forward who drew the advancing Mercer and shot past him into the net.

Trailing 1-0, Bart's began the second half as they had done the first, but after ten minutes the Charing Cross left-winger broke away and scored with a strong cross shot.

Soon after this, following good work by Marsh and Williams, Andan centred to Watkinson who made the score 2-1.

Charing Cross were obviously tiring on the rather heavy ground and most of the play was well in their half, but the equaliser only came a few minutes from the final whistle. Prosser took the ball in mid-field and sent a glorious 40 yards pass to Savage on the left-wing, who cut in and crashed the ball against the crossbar with the goalkeeper beaten, Watkinson pushing the re-bound into the net.

This was a game where much good football was played and a lot of work done, but too often the final pass or shot went astray. If this finishing can be brought up to the standard of the rest of the play, matches such as this will be won before half-time.

Team :

J. Mercer ; R. Kennedy, M. Noble ; C. Juniper (Capt.), G. Haig, D. Prosser ; A. Andan, M. Williams. B. Marsh, P. Watkinson, P. Savage.

2nd XI. Played Saturday, 11th January. Won 8-2.

A very one-sided game about which little need be said, since slack marking by O.C's allowed the Bart's forward to combine well and always seem to be numerically superior. Mention must be made of the remarkable performance of Gould in scoring be said since slack marking by O.C's allowed the of the field. Haig in an unaccustomed position in goal was only obliged to bring off one fine save. O.C's scored twice through defensive errors. The other scorers for Bart's were Bousfield (2) and Prosser.

Team :

G. Haig ; M. Noble, R. Gallop ; M. Williams, D. Prosser, G. Alabi ; T. O. Johnson, D. Bousfield, A. Gould, J. Kuur.

MEN'S HOCKEY

1st Round Interhospitals Cup v. St. Thomas's Hospital. Lost 1-6.

Judging from the score, the cup match was not a resounding success, but it would be most unreasonable to call it a dismal failure. Both sides played hard fast hockey. Goodwin and Defrates both battled stoutly against a very fast attack. Doherty, in goal, was his usual robust self and stopped many more goals than he let through. The forwards were unhappy partly because they had not played together a great deal, and partly

because the Thomas's left-back, a Kenya Olympic player was fully capable of intercepting all but the best passes. Both Drinkwater and Anderson had a few quick shots at goal which were either well saved or went wide of the post. Roles, on the left wing had unfortunately taken a nasty blow on the knee two days before, and thus lacked his customary speed. Mackenzie-Ross at centre-half repeatedly intercepted passes intended for the Thomas's attack and in turn fed our attack very competently.

We scored in the last few minutes of the game when Anderson received a crisp pass from Roles, in the circle and flicked the ball past the goalkeeper into the left-hand corner of the net.

We were unlucky to meet what must be the best side in the competition, so early on but I think everyone thought it a good game and a fair result, especially after our memorable defeat of the same hospital last year.

Team :

R. P. Doherty ; C. S. Goodwin, M. Defrates ; D. S. Wright, K. Mackenzie-Ross, D. Godwin ; N. C. Roles (Capt.), P. Drinkwater, A. S. Anderson, R. B. Church, D. M. C. Glover.

1st. XI v. Old Cranleighans. Won 6-4.

Another enjoyable game in which a lively set of forwards showed their goal-scoring capabilities, and were admirably backed up by a stolid and hard working defence. Again the experiment of Anderson at inside proved a great success, and he was well supported by Glover at centre and Church on the wing. Stark, playing his first game of the season in goal, showed his usual coolness and good judgement.

1st XI v. Hampstead 2nd XI. Won 5-3.

This was a splendid game. Against such charming opponents, no one could fail to enjoy themselves. Having just played a fast cup match, Bart's were quicker on to the ball than our opponents. The forwards repeatedly snapped up the loose ball and consequently had more chances to score. Glover used his speed on the wing to its best advantage and we scored several times from his accurate cross passes. Church, playing for the first time at centre-forward, used his energy to provide many openings for Anderson trying out at inside right. Accurate cross-passing from backs and halves to the two insides, provided a basis for a solid and co-ordinated attack.

1st XI v. University College Hospital. Lost 3-9.

This was one of those days which come after a period of success, when nothing goes right. It was a miserably cold day, and the whole side were sluggish and ice bound mentally and physically. U.C.H. had an admirable set of fast and lively forwards, and a stolid hard-hitting defence which kept our forwards completely under control. It was unfortunate that this should be our last match before Christmas, for it left a very nasty taste in our mouths, which I hope will be removed rapidly over the holiday.

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RIFLE CLUB

The Rifle Club has embarked on what is probably its most extensive post-war programme.

Following the large increase in membership during the 1956-57 season teams are competing in the United Hospitals Winter Smallbore League for the Lloyd Cup, the London University pistol and "Standing and Kneeling" leagues, and in the U.H. Tyro Team Leagues. This last competition is designed for less experienced members and both Clinical and Pre-clinical teams have been entered. The running of the Pre-clinical team has been left entirely to the Junior Secretary and Pre-clinical committee member. This provides an opportunity for the Charterhouse members to obtain experience in club administration and competitive shooting at this stage.

Although at present it is not possible to give detailed results, it is gratifying to note that the Lloyd Cup team lies third and has prospects of improving this position before the end of the season. The Pre-clinical teams heads its division by a good margin.

Besides team shooting, the Monthly Spoon competitions—which are open to any member of the College and run on a handicap basis—are in full swing. Results to date are:—

Month	Spoon	Medal
November	Miss A. M. Holloway	C. J. Griffiths
December	Miss A. M. Holloway	J. D. Hobday

Miss Holloway is to be congratulated on her performance, for the winner of the spoon one month has to show considerable improvement on previous scores to win twice in succession.

The social aspect of the Club's activities has included two shoulder-to-shoulder matches and an informal party is being held at the end of January in College Hall for members and their guests.

Members are now to be seen at the Hospital and at Charterhouse wearing the Club tie. The Club wishes to thank the President, Mr. H. Jackson-Burrows, who has recently given the stock of ties to the Club in order that a fund may be set up to replace this stock when it becomes depleted.

GOLF CLUB

Support and interest in the club has increased considerably during the past season. Several new members, some complete beginners, joined us, and in enthusiasm for playing in all kinds of weather probably put most of the senior players to shame.

The team played a very full programme of matches, with one almost every week from March to October. Of those we won against, The Staff, The Middlesex, The London, and King's College Hospital; and lost against, Mr. Hankey's team, King's College, St. Mary's, University College, The City Police, The Westminster, and Imperial College; and drew against Dr. Picton Thomas's team.

The two regular fixtures to which we always look forward, those against the Staff at Denham, and against Mr. Hankey's team at Tandridge, were again great successes. This year we added to them one against a team of registrars under Dr. Picton

Thomas, which we hope will also join the regular list.

We would like to say how pleased we were to have that fine golfer Dr. Phil Fransden with us on several occasions. He played most excellently in winning his match for the registrars with a round of 75.

During the season the following gentlemen represented the club; A. Galbraith, C. Stephenson, M. Scorer, R. Hughes, Dr. P. Thomas, Dr. P. Fransden, Dr. D. Mulcahy, D. Rhys-Philips, F. Abercrombie, J. Sugden, A. Fuge, P. Drinkwater, D. Richards, D. Dick, R. Cleave, F. Strang, and T. Matthews, I. Hamilton, and T. Silverstone.

The Autumn meeting.

This was played on the High course at Moor Park on October 9th. The Girling Ball cup was won on handicap by Dr. Desmond Mulcahy, with Dr. Phil Fransden, and Charles Stephenson as runners-up.

For the coming year we are pleased to have secured the services of the following gentlemen. President: Mr. John Beattie. Vice-Presidents: Mr. George T. Hankey, O.B.E., T.D., Dr. G. W. Hayward, Dr. P. F. Borrie.

At the Annual General Meeting on October 24th the following officers were elected for next season. Captain: C. G. Stephenson. Secretary: G. F. Abercrombie. Treasurer: K. J. Sugden. Honours colours were awarded to C. Stephenson. Colours were awarded to F. Abercrombie, J. Sugden, P. Drinkwater and A. Fuge.

Cup Match

On December 4th the first round of the hospitals cup was played against St. George's at home. The conditions were not ideal, and it became dark very early. Attempting to play Golf under such conditions, must be one of the greater follies of youth. However "All's well . . ." and by winning 4—1 we qualified to play Guy's in the next round. Team: Galbraith, Stephenson, Abercrombie, A. Fuge and Dr. D. Mulcahy.

SQUASH

Both teams have recently played cup matches, in the Interhospitals Senior, and Junior cup competitions respectively.

1st V. v. Guy's. Played Friday, 17th January. (Away).

Having received a bye in the 1st round, the team were unfortunate in being drawn against an exceedingly strong Guy's side in the 2nd round. Bart's lost the match 5—0, but will almost certainly have the consolation of knowing that they lost to the eventual winners.

Team:

B. Duff, C. Hindson, G. Randle, D. Godwin and D. Lyon.

2nd V v. St. Thomas's 2nd Side. Played Monday, 13th January. (Home).

The 2nd team were also drawn against tough opposition for their 2nd round match in the Junior Cup. St. Thomas's had already beaten them both last season and this. However, this time the result

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was convincingly reversed, and Bart's won 4—1. There is every reason to hope that the 2nd V will do well in the competition this year.

Team :

J. Sugden, D. Lyon, K. Bowles, T. Seaton, K. Nouri.

FENCING CLUB

Despite the usual paucity of experienced Fencers on whom to call, the club is having one of its more successful, and certainly its most active season for some years. It is pleasing to be able to record that a number of Fencers who only took up the sport after coming to the hospital, are starting to reap their reward for several years hard practice.

With an eye to the future, it has been a considerable relief to the senior members of the club, that more than the usual number of newcomers have outstayed idle curiosity, and we are very pleased to have them.

Match results so far are as follows.

At Home. 3 Foil and Sabre v. Guy's.

Both matches were won 6—3. This is a match we always enjoy, and this year we surprised ourselves a little in winning with both weapons.

Team :

McGrath, Sugden, Lyon, Townsend.

Away. 4 Foil v. Westminster. Drawn 8—8.

Another regular fixture. This was the first of several occasions when the presence of the secretary, John Parker, absent through illness, would have strengthened the team considerably.

Team :

McGrath, Sugden, Shaw, Thompson.

At Home. 4 Foil v. Middlesex.

Lost 9—7. As usual a close match. We hope to reverse the result when we fight the return.

Team :

McGrath, Sugden, Thompson, Lyon.

Away. Foil v. L.S.E.

Won 7—5. This was a new, and entertaining fixture. Unfortunately they were a man short, which made the normally complicated order of fighting even more difficult to work out. We hope this will become a regular fixture.

Team :

McGrath, Sugden, Parker, Thompson.

At Home. 3 Foil and Sabre v. Mary's.

Foil match won 5—4, and Sabre match lost 4—5. This was another new fixture or at least one resumed after several years lapse. We hope that this again will be a regular event in future.

Team :

McGrath, Sugden, Parker, Townsend.

At Home. 3 Foil and Sabre v. London.

Foil match lost 7—2. Sabre match lost 9—0. The London have one of the strongest teams in

the university this year, and we are not ashamed of this defeat.

Team :

Sugden, Thompson, Lyon.

At Home. 4 Foil v. Westminster.

Won 10—6. We also fought a second team 3 Foil match, which we lost 7—2. This was a welcome innovation, because one of the unfortunate things about Fencing is the smallness of a team. It means that it may be a couple of years before new members get a chance to fight in a match. We hope that future officials of the club will continue to arrange occasional matches for such members.

1st Team :

McGrath, Sugden, Shaw, Thompson.

2nd Team :

Lewis, Cohen, Mrs. Stephenson.

BOOK REVIEWS

THE DIAGNOSIS AND TREATMENT OF INFECTIONS

by D. Geraint James, M.A., M.D. (Cantab.), M.R.C.P. (London). Blackwell Scientific Publications, Oxford. 1957, 234 + viii pp. Price 30s.

Dr. James has divided his book into three sections. The first contains an account of the properties and actions of the drugs used in chemotherapy, with observations on more general problems such as the development of resistance, toxic reactions and causes of therapeutic failure. The second section surveys in eight chapters micro-organisms causing disease. Fungi, protozoa, rickettsiae and viruses are included as well as bacteria, so that considerable ground is covered. In the final section infections are dealt with as they present in the various systems of the body.

Dr. James' aim has been to bring together clinical and laboratory medicine and he is to be congratulated on the way in which he has been able to compress so much information into a relatively small book. The compression has been at the expense of nearly all references, and with only a few words available, many of the statements are somewhat dogmatic. This book is not recommended for students at the start of their clinical course, but for those with a grounding in bacteriology and experience of chemotherapy it will provide a reference book covering a wide field.

R. A. SHOOTER.

GYNAECOLOGY: A HANDBOOK FOR NURSES (3rd Edition) by Gladys H. Dodds. Published by Faber. Price 18s.

This is not a book about gynaecological nursing, but about gynaecology and obstetrics for nurses, and this purpose it fulfills well. The third edition has been quite extensively revised, and the new chapter on obstetrics is especially successful. The style remains an outstanding characteristic—lucid, unaffected, and easy to read.

W. E. HECTOR.

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Trouble in the Hypothalamus

by PODALIRIUS

"Oh, dear, I feel so sleepy," said the hypothalamic cell. "It must be all this pyruvate. What's it doing here?"

"No wonder you're sleepy," said his friend the leucocyte, who had come to have a chat. "Everyone feels the same—you're just unduly sensitive. And it's not only pyruvate, it's pyruvic aldehyde too—and that's even worse."

"Yes, I know, I know," said the hypothalamic cell, who was inclined to be a little testy. "What I want someone to tell me is, what's it doing here?"

"Well, you see," said the leucocyte, "it all starts with glycogen, and then that turns into glucose, which turns into glucose-1-phosphate, which—"

"Yes, yes, I know, I know," said the hypothalamic cell again—rather rudely, for the poor leucocyte was doing his best. "Then it goes through the whole ragamadolio to pyruvate, but after that the pyruvate disappears. Or should do. Why doesn't it?"

The leucocyte was very patient, though he realised that these highly specialised cells overrated their own intelligence and importance. "It's usually oxidised; but that needs co-carboxylase."

"Well?" The hypothalamic cell was really very drowsy.

"Don't you see (you silly old neurone) that thiamine is needed for co-carboxylase; and the boss just hasn't been taking enough? Since he had that operation, his appetite hasn't picked up." But by now the hypothalamic cell was snoring.

"Oh dear," said the leucocyte, "now he's asleep, the boss's appetite will get worse than ever."

"Oh, what a wonderful morning!" carolled the hypothalamic cell. "I feel I could beat up a Bets cell! But why do I feel so good?"

"It's because the pyruvate's gone," said the leucocyte. "Gone? Where to?"

"Oxidised! Somebody told the boss to start taking Bemax, and now he's fine."

"Bemax? What's that?"

Really, these neurones! And they think they know so much.

"Bemax," said the leucocyte, "is stabilized wheat-germ. It contains lots of thiamine, and that's how all the pyruvate got oxidised. And it contains all the other important B vitamins. It's the richest natural vitamin-protein-mineral supplement. The boss just sprinkles it on his food."

"Jolly good. I hope he keeps it up."

"So do I."

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ADDITIONAL NOTICES

Lecture on General Practice

The next lecture will be given on the 25th March at 12.0 in the main lecture theatre when Dr. J. Michael Roberts will talk on "The Surprise of General Practice".

Journal Staff

Mr. John Milward has been appointed Assistant Editor.

Mr. John Sugden has been appointed Sports Editor.

Change of Address

Mr. W. Etherington Wilson to
Cumbria,
270a, Dartmouth Road,
Paignton.

EXAMINATION RESULTS

ROYAL COLLEGE OF SURGEONS

The following Candidates were successful in the Primary Fellowship Examination of the Faculty of Anaesthetists in December 1957 :—

Hicks, J. P. N.

Keil, A. McL.

UNIVERSITY OF CAMBRIDGE

D.S.C. DEGREE, DECEMBER, 1957

Lehmann, H.

Final M.B. Examination. Michaelmas Term, 1957

Pass

Chalstrey, L. J.

Leaver, S. A.

Supplementary Pass List

Part I. Pathology & Pharmacology

Birkett, D. A.

Gibson, T. W.

Hedley-Whyte, J.

Mitchell, R. J.

Robinson, T. W. E.

Stark, J. E.

Part II. Medicine

Bower, H. P. H.

Part II. Surgery

Part II. Midwifery

Bower, H. P. H.

Goodwin, C. S.

Mather, B. S.

Carr, C. J.

Harcourt, R. B.

Humphreys, Y. P.

Rice, J. C.

Roles, N. C.

Whitworth, A.

Parker, J. D. J.

Grant, N. J. C.

Tidmarsh, D.

Faber, V. C.

Haslam, M. T.

Matthews, T. S.

Richards, B.

Savage, D. C. L.

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